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SELECT  
CASES IN MIDWIFERY;

EXTRACTED

FROM THE RECORDS

OF

THE EDINBURGH  
GENERAL LYING-IN HOSPITAL.

*WITH REMARKS.*

---

BY

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ST. AUSTIN

CASES & MIDWINTER

FROM THE RECORDS





TO THE RIGHT HONOURABLE  
SIR JAMES STIRLING, BART.  
Lord Provost of Edinburgh,  
PRESIDENT;

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Chief Baron;

The Right Honourable LORD BALGONIE;  
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DR C. STUART, Extraordinary Physician:

AND,  
To the other Contributors to the Establishment of the  
Edinburgh General Lying-in Hospital:

*The following Proofs of the Utility of that Institu-  
tion are offered, with much Deference, by*

JAMES HAMILTON, JUNR.







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## PREFACE.

TWO motives have induced the Editor of the following Cases to offer them to the public ; first, the conviction that they contain a collection of important facts, relating to the Practice of Midwifery ; and, secondly, the wish to procure such aid for the institution, from the records of which they are extracted, as shall render it of permanent utility to the community.

Many advantages result from the publication of cases. The characteristics of diseases are thereby impressed on the minds of young practitioners ; the ordinary rules of practice are illustrated ; and the value of expedients that are not universally sanctioned is ascertained.—In short, by this means

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the experience of the individual, is rendered generally useful.

Cases in Midwifery have been published by Messrs Mauriceau, Lamotte, Giffard, Portal, Smellie, and Perfect. But although these publications be on the whole very valuable, it must be allowed, that they are deficient in one of two respects, viz. either inaccuracy in the detail of symptoms, or imperfection in the mode of treatment pursued. The following, therefore, being calculated to supply those defects, it is presumed will form a proper supplement to the former publications of the same kind.

That they may serve this purpose, the Editor has endeavoured to exhibit the striking features of each case; has by remarks illustrated the mode of practice; and has selected only such cases as claim attention from their importance.

The second object of this work, renders  
it



it necessary to give some account of the institution, in favour of which it is offered.

To those who know the utility of establishments of that kind, it will probably appear singular, that a Lying-in Hospital was not instituted at Edinburgh, till within these fifteen months. About three years ago, Dr Alexander Hamilton, Professor of Midwifery, published proposals for the establishment of such a charity. The donations, although very liberal, from the benevolent individuals who approved of the plan, amounted at the end of two years to a mere trifle. Nevertheless a proper building and area were purchased, and the Hospital was opened for the admission of patients in the beginning of November 1793, under the title of the Edinburgh General Lying-in Hospital.

The building is totally unconnected with other houses, and is placed in such a situation as to command the most perfect circulation of air on all sides. And these



local advantages can never be forfeited. It consists of two stories besides a sunk one. The first, of these contains two large wards, a room for the meeting of the governors, a small Laboratory, and a delivery room. One of the wards is appropriated to undelivered married women. When in labour the woman is carried into the delivery room, and after she is delivered, is conveyed in the bed on which she had lain during labour, into the ward allotted to lying-in women. In each ward there are seven beds. The second floor consists of six bed rooms, which according to the original plan were intended for unmarried women. But as the funds of the Hospital, have hitherto been very scanty, while the applications of married women for admission have been more numerous than could be complied with, the Directors have been obliged to refuse admitting unmarried women, unless under very particular circumstances of distress.—And consequently, the



the principal use of these rooms at present is to lodge women whose situation is dangerous. Accordingly, some of those whose cases are detailed in the following pages, were brought into these apartments from the most shocking hovels, that can well be conceived. Two women, (viz. Sutherland and Cunningham), were by this means obviously snatched from impending destruction.—And it is more than probable, that the death of one unfortunate out-patient (Tweeddale), originated from her having obstinately refused accepting of such an offer.

The diet of the patients is considerably better than what they are accustomed to in their own families. This appeared necessary in order to prevent the bad effects which often follow delivery, where the woman has been debilitated by previous poor fare and hard work.

Every patient on her dismissal receives a small sum of money, that she may not  
feel



feel any immediate distress from her change of situation. At the same time, the bedding on which she had lain is removed into a drying-house fitted up for the purpose, and detached from the principal building; and there it remains for at least a fortnight before it be allotted to any other patient.

Such have been the effects of the precautions adopted for the welfare of the patients, that although many have been admitted nearly in a state of exhaustion from previous sufferings, one woman only has died in the Hospital, since its establishment. In that instance the cause of death was the immoderate use of spirituous liquors immediately after delivery, which were privately conveyed to the unfortunate woman by the person who had the nearest interest in her recovery.

Although the funds of the Hospital have hitherto limited the number of house patients, the physicians of the institution  
have



have not failed to attend on every out-patient whose situation demanded assistance. Some of the most interesting of the following histories are cases of out-patients.

In this part of their duty, the physicians have received much useful aid from the attention, humanity, and skill of Messrs James Partridge of Launceston, Cornwall; Cornelius Shuttleworth of Great Bowden, Leicestershire, and J. L. Smith of Barbadoes; who attended during the course of these last twelve months the Professor of Midwifery, as annual Pupils. Those gentlemen had the exclusive management of several of the cases, and in others acted as assistants.

With respect to the manner in which the history of the cases is detailed, accuracy and fidelity have been principally studied. For these the Editor is responsible. As he was either consulted on the subject, or actually engaged in the management of  
the



the cases, (with one or two exceptions only), he took care to learn every circumstance, and to mark it faithfully.

Some of these cases are of such a nature, that they may not occur oftener than once or twice in the course of a very extensive practice, yet they may happen at the outset of an individual as readily as afterwards. In either situation, the practitioner must feel great comfort, from having it in his power to consult authentic records, in which the particulars of similar occurrences are detailed, and in which the proper mode of practice is pointed out. He thus enjoys every advantage of a consultation with an experienced brother of the profession, and must be inspired with a proportional degree of confidence.

From those who reap this benefit from consulting the following histories, the Editor begs leave to claim the acknowledgements of gratitude towards the institution



tution which has afforded it. When he mentions, that, without some speedy pecuniary aid, the Hospital must soon be shut up, he hopes that he does not apply to such practitioners in vain. In Scotland, a Lying-in-Hospital is quite a new establishment, and consequently its utility is only known to a few. The example of those who should become benefactors from a conviction of its value, as a school of instruction as well as a public charity, would therefore have a very extensive influence.

In making this application, the Editor is well aware that he exposes himself to the ridicule of little minds. But in the discharge of his duty, and more especially when it concerns the interests of humanity, he disregards every personal consideration.

*Edinburgh, Castle-hill; }  
Jan. 15. 1794. }*

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## PRETERNATURAL LABOURS.

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## E R R A T A.

- Page 65. line 4. *for* to wait, *read* wait.  
 83. line 23. *for* insituating, *read* insinuating.  
 Same page, last word, *for* can, *read* the.  
 131. line 3. *for* demonstration, *read* denomination.





# CASES IN MIDWIFERY.

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## LABORIOUS LABOURS.

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### ORDER I.

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#### CASE I.

**J**ANET M'DONALD, aged twenty-two years, apparently well formed and healthy, became affected with the throes of labour on the 19th of February 1794, at eight o'clock, P. M. As however the pains were trifling, she had at bed time an opiate, and was laid quiet.

A

On

On the 20th, the pains continued strong during the course of the day, but had little effect. In the evening she complained of acute pain in the abdomen, which was most troublesome when the labour throes ceased. It was somewhat relieved after taking tinct. opii, gtt. xl.

About four o'clock A. M. of the 21st, the liquor amnii was spontaneously discharged. At that time her pulse was seventy-six, she had much thirst, and her tongue and fauces were parched.

At seven o'clock, A. M. she had a return of the violent pain in the abdomen, above the pubes, followed by a slight degree of syncope, which was succeeded by profuse sweat over the whole body. The os tincæ was dilated to the size of a half crown piece.

At eight o'clock, A. M. an emollient enema was exhibited, which however did not produce a stool.

At eleven o'clock, A. M. she seemed  
much



much exhausted; the pains were apparently trifling, her abdomen was very tense and painful, but she had no *suppressio urinæ*. Twenty-five drops of *tinct. opii*, were then given, and the enema was repeated; in consequence of which, she had a copious stool. After the operation of the enema, the head of the child descended into the cavity of the pelvis; the pains became strong, and at a quarter after twelve o'clock, noon, the child was born. The placenta was expelled naturally within a quarter of an hour after the birth of the child.

The child was of the male sex, weighed seven pounds twelve ounces, and measured twenty inches. It was stout, and well formed; but quite livid, being evidently in an apoplectic state, with its head much lengthened and the scalp swelled. The pulsation in the arteries of the *funis umbilicalis* was greatly oppressed.

The chord was immediately divided, and allowed to bleed a little; after which

the child was put into warm water, and the most gentle attempts were made to restore the shape of the head. Although the pulsation of the heart continued, the infant did not breathe; and therefore the lungs were distended with air by means of a bag formed of elastic gum. At this time the natural colour in the face was restored. Within half an hour from birth he began to breathe very imperfectly, and at considerable intervals; and it was not till twenty minutes after, that he breathed freely.

#### AFTER TREATMENT.

Feb. 20th. The patient had some hours sleep after delivery, but having complained in the evening of after pains, an opiate was given at bed time.

22d, Slept well. State of the pulse, tongue, skin, and lochial discharge, natural. Has had no stool; no secretion of milk.

The



The child has passed meconium freely, but has not yet made water.

Intromitt. in vesicam infantis vesp.  
specill. argent. nisi prius urinam  
red.

23d, Slept well. State of the pulse, tongue, skin, and lochia natural. No stool.

Hab. vesp. enem. domest.

Child has not yet made water. The probe was introduced into the bladder last night and this morning without any difficulty, but no water followed.

R. Mannæ opt.  $\mathfrak{z}\mathfrak{ss}$

Solve in aq. callid.  $\mathfrak{z}\mathfrak{ij}$

Detur coch. thear. omni hora.

24th, Has no complaint whatever. All the functions natural.

Child made water soon after the second spoonful of the solution of manna had been given. Is now in good health, and sucks freely.

26th, Lochial discharge has ceased. Child well.

March

March 4th, Was quite well till two days ago, when a smart rigor occurred, from which however no bad effects have ensued.

7th, Mother and child in perfect health, were dismissed.

#### REMARKS.

This was the patient's first child. During pregnancy she was subject to frequent syncope. While she resided in the hospital, previous to her delivery, she had several attacks. The interval between the fits always seemed to increase after V. S. which was had recourse to three or four times.

As she had been bled on the day preceding labour, and as her pulse through the whole course of delivery was weak, venesection could not with propriety be employed at that time.

The advantages of patient attention are well marked in the above case.

The



The ordinary directions for the recovery of still born children being ill calculated to accomplish the purpose in view, the following observations are offered respecting the management of those born in an apoplectic state, which was the case in the above instance.

The propriety of blood-letting is sufficiently apparent. That in general ought to be the only means employed, for after a small discharge of blood, the infant commonly begins to breathe, though very imperfectly. If this happen, the whole process should then be left to nature; as the use of stimulants under such circumstances constantly tends to interrupt the process. Many children have been lost to society from this cause. But, if notwithstanding the bleeding, the infant remains in a state of insensibility, it should be wrapt up in warm flannel, and the lungs should be artificially distended with

with air, so that the operation of breathing may be imitated.

Many contrivances have been adopted for this purpose. The most common is a goose quill or piece of tobacco pipe. But if these be used, the air thrown in, from having passed through the lungs of an adult, is deleterious. A pair of bellows capable of containing no more air than what will distend the lungs of a foetus may be constructed, so as to be conveniently portable. But the expedient always employed in the Edinburgh Lying-in Hospital appears the simplest and the best. It is a bag of elastic gum, capable of containing about three ounces of fluid, to which an ivory conical pipe is fixed. This pipe is introduced into one nostril, while the other and the mouth are kept quite close. By this means the lungs can be distended with pure atmospheric air as often as is necessary. Unless it be passed through the  
nostril,



nostril, the air would fill the stomach instead of the lungs.

The absence of secretion of urine for so long a time is a curious circumstance. As the urinary passages are in new born infants often stopp'd up by chalky-like or mucous concretions, the want of discharge was imputed to that circumstance. But on the introduction of the probe, no such obstacle occurred. In this case, the secretion was evidently suspended.

The speedy recovery of the patient affords an excellent proof of the little danger that attends the protraction of labour beyond the ordinary period, provided a proper mode of treatment be adopted.

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## C A S E II.

ELIZABETH CLEUGHS, aged twenty eight years, apparently well formed, but  
B weakly,

weakly, became on the 17th of February 1794, affected with violent corporeal agitation, attended with no foaming at the mouth, no insensibility, nor dilatation of the pupil; she was at that time in the latter months of her fourth pregnancy. She complained of great pain in the head. Pulse eighty-four. Tongue natural. Belly open. According to her own account she was similarly affected during her last labour.

Feb. 18th. Had during the night a very violent return of the fits, for which was given tinct. opii. gtt. xl. with evident advantage. The agitations, however, have returned this morning. During the intervals she has uterine pains. Pulse, tongue, and belly as yesterday.

Hab. stat. tinct. opii. gtt. c.

19th, During yesterday afternoon the fits abated, and the uterine pains recurred with considerable regularity. The os tincæ is so far open as to admit the finger easily. The pains had, and still have, the effect

effect of pushing forward the vesica urinaria at the fore part of the vagina, in form of a membranous bag.

Hab. En. dom. et haust. anod. vespere.

20th, Enema did not operate. Had a short return of the fits last night. The pains have been frequent, and have rendered the os tincæ now capable of admitting two fingers. The vesica is still protruded during every pain, and also the rectum in a small degree. Pulse ninety-six. Tongue clean. Makes water freely.

Hab. En. dom. stat.

Capt. haust. anod. vesp.

21st, Had a stool from the enema; passed a quiet night; uterine pains trifling and occur seldom. Has had no fit since yesterday. Functions natural.

Rep. haust. anod. h. s.

March 3d, Has continued in nearly the same state since last report, the fits occurring seldom, and the uterine pains having no effect on the os tincæ. Pains now pro-



duce the discharge of the shews ; are pretty strong and frequent, but have not yet enlarged the aperture of the os uteri more than it was on the 20th of February. The vesica is forced entirely without the parts during the pains. Pulse ninety-six and very hard. Tongue furred. Skin hot. Abdomen tense and fore.

Fiat stat. V. S. et mitt. sanguinis.  $\text{℥}^{\text{viii}}$ .

Cap. post V. S. tinct. opii. gtt.

xxxv.

4th, After the bleeding the pains abated for sometime, and then returned with increased violence, when the membranes burst; half an hour after which the child was born. The placenta was expelled naturally.

The child, which was a male, weighed four pounds four ounces, measured fifteen inches, and was evidently premature.

#### AFTER TREATMENT.

March 4th. Was laid quiet without any opiate. *One o'clock P. M.* Had some sleep  
after

after delivery, and has made water. Pulse an hundred and twenty, and hard. Complains of pain in the head and abdomen. Tongue clean. Skin hot. Lochial discharge natural.

Cap. stat. pulv. antim. gr. viij.

Eight o'clock, P M. Has sweated profusely since three o'clock. Pain in the abdomen continues. Pulse as formerly.

Rep. pulv. antim. gr. viij.

Cap. tinct. opii. gtt. xl.

Child has had the usual discharges.

5th, Has slept well. Pain in the abdomen abated. Complains of troublesome cough and soreness of the throat. Pulse ninety-six, skin cool, tongue somewhat furred. Had a stool last night. Lochial discharge trifling. The child seems much pained, and has not yet been put to the breast. His hands and feet appear swelled.

6th, Has not slept well, complains much of gripes. Belly open. Pulse a hundred, and full.

full. Tongue furred. Skin moist. Secretion of milk abundant. Lochia sparing.

Cap. tinct. opii. gtt. xl. h. s.

Child better. Has not yet sucked, but swallows spoon-meat freely. Swelling of the hands and feet abated.

7th, Has not slept well. During the night she had a return of the convulsive paroxysms with which she was formerly affected, that lasted for half an hour. Pulse a hundred. Tongue foul. Has much thirst. Complains of pain over the whole body; but more particularly in the head. Lochial discharge very trifling. Has had no stool.

Cap. pulv. antim. gr. viij. statim. et  
rep. post horas tres.

Cap. etiam tinct. opii. gtt. xl.

Bib. decoct. hord. ad libitum.

8th, Has slept well during the night, feels herself much better to day. All the functions natural.

Omit.



Omitt. rem.

Ordinary diet.

Child well, and begins to suck.

15th, Has continued since last report in a progressive state of convalescence. Child has continued well till to day. Seems now much oppressed.

16th, Child died this morning.

18th, Dismissed in good health.

#### REMARKS.

In this case, the distinction between corporeal agitation from an uncommon affection of the nervous system, and epilepsy, was well marked; for the patient continued quite sensible during the fits, and had no foaming at the mouth, nor any dilatation of the pupil; the paroxysms too were of much longer duration than those of epilepsy usually are, for they sometimes were extended to an hour and a half, or even two hours.

This case affords a very remarkable illustration

illustration of a fact noticed some years ago by Dr Alexander Hamilton, and by his Son, the author of these remarks, *viz.* That previous to labour, the vesica urinaria is sometimes pushed down through the vagina, in such a manner, as to resemble the membranous bag formed by the layers of the ovum and the liquor amnii.

By this fact an important precaution is suggested; for if the practitioner be not aware of the circumstance, he must not only frequently keep his patient in a state of unnecessary alarm for many days, but even also may injure her irreparably by lacerating the bladder. Several cases of incurable incontinence of urine from this cause have fallen under the observation of the author of these remarks.

Although to a superficial observer the bag formed by the protrusion of the urinary bladder resembles very nearly that of the ovum, it can readily be discriminated by one acquainted with the circumstances,

stance; for it is strongly connected with the fore part of the pelvis, so that the finger cannot be passed round its circumference as in cases where the true membranes are forced down; and during the interval of a pain, the os tincæ can be felt situated very high and quite undilated.

The death of the child, although it had even sucked, shews the truth of the observation, that children weighing at birth under five pounds cannot live to maturity.

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### C A S E III.

MARGARET GRAY, out-patient, aged thirty-two years, of a low stature, and apparently ricketty, had on the 31st December a discharge of fluid per vaginam, which was considered to be the liquor amnii. This discharge was neither preceded nor accompanied by pain.

On the 9th of January 1794, labour  
C commenced



commenced at six o'clock A. M. The presentation of the child was natural. The uterine pains were regular and strong, till the evening of the 10th instant, when they began to remit, the head being then about one third within the pelvis.

On the morning of the 11th, as her strength was much impaired and she had constant ineffectual bearing-down pains, extraordinary assistance was sent for. The head appeared at that time to be one half within the cavity of the pelvis. The long forceps were cautiously applied, but without effect, the head being much wedged between the pubis and the sacrum. All attempts to deliver her were then laid aside, the pains having remitted entirely.

In the evening the patient seemed much recruited; her pulse was regular, and she had no pain in the head, nor suppression of urine. Forty drops of tinct. opii were prescribed, and delivery was delayed.

Early in the morning of the 12th, the  
teguments

teguments of the child's head gave way; the brain was spontaneously discharged; the bones collapsed, and the cranium was expelled; but the body was prevented from advancing, in consequence of emphysema of the thorax and of the abdomen. Those cavities were therefore opened by the crotchet, and the child was thereby extracted. The placenta was soon after expelled by the natural efforts.

The child, which was a female, was not weighed, but appeared of a large size.

#### AFTER TREATMENT.

12th. Had forty drops of tinct. opii, and was laid quiet.

13th. Passed a very quiet night, and seems much refreshed. Has made urine pretty freely; but complains of great difficulty in retaining it. Pulse ninety-six. Skin pretty cool. Appetite for food moderate. Lochial discharge in small quantity, and of a deep red colour.

Rep. tinct. opii. gtt. xl. h. s.

Inj. in vaginam aq. tepid. bis in die.

14th. Complains of slight symptoms of pyrexia, attended with shooting pains of the mammæ, which are somewhat hard and swelled, and from which there is a discharge of ferous fluid. Lochia much increased in quantity. Belly costive. Incontinence of urine greatly aggravated, in consequence of which the parts are considerably excoriated; but the urine appears evidently to be discharged solely through the natural passage.

Hab. enem. dom. vesp. nisi prius alvus solv.

Inj. in vaginam infus. cort. quercii cum alumine, quarter in die.

15th. Febrile symptoms much abated. Hardness and swelling of the mammæ considerably diminished. Free discharge of milk from them. Lochia moderate. Pulse regular. Urine retained much longer than yesterday.

Cont.



Cont. inj. infus. cort. querci.

16th. Had her bed and body linens shifted last night, and suffered little fatigue from rising. Pulse natural. Belly regular. Lochial discharge moderate. Incontinence of urine considerably diminished.

Cont. inj. infus. querci. u. a.

18th. Has felt quite well for these two days. State of the tongue, pulse, and belly, quite natural. Appetite for food very good. Lochial discharge much diminished. Incontinence of urine quite removed.

Omitt. inj. cort. querc.

20th. Convalescent in every respect.

23d. Was free from every complaint whatever.

#### REMARKS.

This patient had formerly born four children; the two first of whom were alive, but the two latter still born. The former were small children, the latter large.

From the general appearance of the  
woman,

woman, there was reason to suspect deficiency of space in the pelvis, and accordingly the promontory of the sacrum was found to project considerably too much forwards.

This case affords a curious example of the resources of nature, and a powerful argument in favour of the operation of embryulcia under certain circumstances, seeing that it is the imitation of a natural process.

It must however be confessed, that delivery by art ought to have been had recourse to several hours sooner ; for it is unjustifiable in general to wait for so long a time as is required for the natural bursting of the integuments of the child's head. But in this case it was impossible to act otherwise, than has been mentioned ; for the patient would not consent to any other operation after the failure in the use of the forceps, until she felt that she could not be delivered naturally.

Two circumstances alone render the  
employment

employment of the long forceps eligible or even warrantable. First, the necessity of speedy delivery, while there are no pains, and the head is beyond the reach of short forceps, and the apertures of the pelvis are under the usual dimensions.—And, Secondly, the necessity of immediate delivery, where the head is in the same situation, but where the apertures of the pelvis are natural and the soft parts are relaxed.

By this practice, under the former of those circumstances, it is sometimes in the power of the practitioner to accomplish the delivery by means perfectly consistent with the safety of the child; and consequently the long forceps should be generally tried before recourse be had to the operation of Embryulcia, unless the deficiency of space in the pelvis be very considerable.

In cases too, of profuse uterine hæmorrhagy, when the head is so far advanced into the passage, that it would be difficult and dangerous to attempt to turn the child, while further delay might be fatal

to



to the patient, the same means may be employed with safety and success.

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#### C A S E IV.

MRS CRAIG, out-patient, aged thirty six years, healthy and well formed, became in labour on the 3d of July 1794, at seven o'clock, A. M. The liquor amnii was, according to the report of the attending midwife, spontaneously discharged on the afternoon of the same day. The presentation of the child was discovered to be natural. The pains were very trifling and irregular till the morning of the 5th, when they became strong and frequent; but had so little effect, that the os tincæ was not fully dilated till four o'clock A. M. of the 7th instant, when extraordinary assistance was called. At eleven o'clock A. M. of that day the head was found to rest on the brim of the pelvis. As the patient

tient did not seem exhausted, had a good pulse, and no retention of urine, nothing else was done, besides keeping her cool. About two o'clock P. M. the pains became more frequent and forcing; and at last, about five o'clock P. M. the child was expelled by the natural efforts. The placenta followed soon after.

The child, which was a female, was healthy and well formed, but had a tumour and contusion on the left parietal bone.

#### AFTER TREATMENT.

July 7th. Had an opiate before she was laid quiet.

8th. Has slept well, and has made water repeatedly since delivery. Complains of headach and general soreness. Pulse one hundred, and firm. Tongue foul, and complains of considerable thirst. Skin cool. Lochial discharge in moderate quantity.

D

Bib.

Bib. decoct. hord. ad libitum.

Hab. tinct. opii gtt. xxx. h. f.

Low diet.

Child well. Has the usual discharges.  
Tumour on the parietal bone continues.

9th. Has slept well. Headach alleviated. Complains less of forenefs. State of the pulse, tongue and skin, nearly natural. Thirst much less considerable. Has had no stool since delivery. Lochial discharge regular. No secretion of milk.

Rep. haust. anod. h. s.

Child well. The tumour on the parietal bone is somewhat less.

10th. Has been hot and restless during the night, and is affected with headach this morning. These complaints probably originate from the accession of milk, as the breasts are hard and painful. Pulse quick. Tongue clean. Has had no stool. Lochia regular.

Hab. enem. dom. vesp.

Child well.

11th.



11th. Slept well. All the complaints of the morning having ceased yesterday afternoon, she sat up, and had her bed and body linens shifted, without having suffered any fatigue in consequence. Had a stool without the use of the enema. Is today convalescent, and has a plentiful secretion of milk.

Mother and child were on the 20th both in perfect health.

#### REMARKS.

Notwithstanding the fatigue and pain which she suffered during labour, the recovery of this patient was remarkably rapid.

The tumour on the child's head disappeared entirely within eight days after birth.

This case shews the effects of the premature discharge of the liquor amnii, and, and, at the same time the advantages of waiting patiently for the efforts of nature.

The effects of pressure, too, on the head of the child are clearly marked. Had instruments been employed, the attendants would have imputed the tumour on the left parietal bone to their use; an error into which even some practitioners have fallen.

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## ORDER II.

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### CASE I.

**J**ANE GRAY, out-patient, aged thirty years; apparently well formed, became in labour on the 14th of February 1794, at six o' clock A. M. The presentation of the child was natural, but the progress of the labour was remarkably slow: the pains were of short duration, and recurred at very irregular intervals, till after the rupture  
ture

ture of the membranes, which took place on the 17th, at three o'clock A. M.

In the afternoon of the 17th, extraordinary assistance was sent for. At that time the labour throes were pretty frequent, and the head was almost completely within the cavity of the pelvis. The pulse was full and strong. At midnight the pains having remitted, venesection was performed, and six ounces of blood were drawn. An opiate had been given in the morning.

The pains recurred during the night; and had such an effect, that at one o'clock P. M. of the 18th, the face of the child was found turned into the hollow of the sacrum, and the perineal tumour was in part formed. At this time the pulse, which had, during the preceding periods of labour, been quite regular, became quick and small. The patient had nausea, succeeded by vomiting, and her abdomen was much swelled and tense. The pains now became much less frequent, and had no effect.



effect whatever in pushing forward the head. The external parts were much relaxed.

At five o'clock P. M. the patient having continued in the same state, the forceps were cautiously applied in the usual manner; and in two minutes the head was easily brought forward, apparently without having occasioned any pain whatever. The placenta adhered, from atony of the uterus, but was extracted without much trouble, about half an hour after the birth of the child.

The child, which was a male, was well formed, and of a very large size. The vertex and both eyes were much swelled.

#### AFTER TREATMENT.

Feb. 18th. Had an opiate, and was laid quiet.

19th. Pulse ninety-six. Tongue and skin natural. Has slept well. Has made water

ter since delivery. No stool. Lochial discharge regular. Low diet.

Child well. Has had the usual discharges. Both eyes still somewhat swelled. Head has regained the natural shape.

20th. Slept well. Pulse ninety-two. Tongue and skin natural. Lochia regular. No stool, and no secretion of milk.

Hab. vesp. En. dom.

Child well. Swelling of the eyes abated.

21st. Slept well. Pulse ninety. Skin and tongue natural. Had a stool without the enema. Lochia begin to disappear. Secretion of milk abundant. Appetite for food moderate.

Ordinary diet.

Child well in every respect.

22d. Has been disturbed during the night with diarrhoea, which still continues. Has no gripes ; but feels pain in the abdomen. Pulse one hundred and thirty. Tongue and skin natural. Abdomen swelled. Makes water freely. Lochia regular.

R.

R. Tinct. opii gtt. lxxx.

Potion. cretae  $\frac{3}{4}$  viij. M.

Cap. coch. mens. 3tia. quaque  
hora.

23d. Has rested well. Diarrhœa, and pain and swelling of the abdomen, quite abated. Pulse one hundred and twenty-eight. Tongue and skin natural. Lochia regular.

Cont. Pot. cret.

24th. Slept well. Makes no complaint whatever. Secretion of milk quite gone. Pulse one hundred and thirty, and firm. Tongue and skin natural. No stool to-day. Lochia regular.

Omitt. Pot. cret. Hab. haust. anod. h. s.

Child well in every respect.

25th. Has had uterine hæmorrhagy during the night; but complains neither of pain in the head, nor of much weakness. Pulse one hundred and forty, and indistinct. Tongue clean and moist. Appearance



ance of the countenance natural. Skin cool. Was lying on the left side when visited, but turned readily, and apparently easily, on the back, when spoken to.

Hab. Pulv. cort. peruv.  $\mathfrak{z}\mathfrak{ss}$  bis in die.

Cap. Acid. vitriol. dilut.  $\mathfrak{z}\mathfrak{ss}$  4. in die.

App. ad pubes et lumbos pannus lintæus aq. frigida madefactus, si hæmorrhagia uterina redierit.

Nine o'clock P. M. Has had an excessive return of the hæmorrhagy, by which she is much weakened. This has been apparently occasioned by carelessness; as the room has been kept very hot, and the cloths dipt in cold water, notwithstanding of the directions, have not been applied. Pulse so quick and indistinct, that it cannot be numbered.

Cloths dipt in vinegar and water, were immediately and carefully applied to the pubes and loins, and a solution of alum was thrown up the vagina; by these means the hæmorrhagy was checked.

E

Cap.

Cap. Tinct. opii gtt. xl. statim

Cont. Pul. cort. peruv. et acid. vitriol.

26th. Had a return of hæmorrhagy during the night, and had severe vomiting this morning.

At eleven o'clock A. M. thought herself much better; but in attempting to drink, she sunk down and expired.

#### REMARKS.

This was the patient's second child. Her first labour was preternatural, the child having presented by the feet. Her recovery on that occasion, was slow.

The facility with which the forceps were applied was such in this case, that the patient (although she was informed that instruments were to be used), was not sensible of their introduction; and the child was extracted without any exertion of force having been required, and without any pain having been felt.

The

The symptoms on the second and third day were apparently so favourable, that they might have imposed upon an inattentive observer. But experience had long ago apprized the author of these remarks, of the truth of Dr Clarke's observation: That where the pulse continues quick above twenty four hours after delivery, all is not well \*. Accordingly, he stated to the gentleman attending this woman his apprehensions, and explained to her family the necessity for obeying with the nicest punctuality every direction suggested, respecting the mode of treatment. These injunctions were obeyed only till the evening of the third day, when they were totally neglected. And it is pretty certain, that the symptoms which terminated in death, were in consequence of that neglect.

The

\* Vide Practical Essays on the Management of Labour and Pregnancy, &c. by John Clarke, M. D. London, 1793, page 127.



The case therefore furnishes a striking example of the carelessness of attendants, and of the little regard that is generally paid in low life to the prescriptions of Medical Practitioners.

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### ORDER. III.

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#### CASE I.

**E**LIZABETH STEPHENS, aged twenty-seven years, well formed, but weakly and irritable, had on the 25th January 1794, at ten o'clock A. M. a discharge of fluid, per vaginam, which appeared to be the liquor amnii. This happened without any evident cause, and was neither preceded nor attended by uterine pain.

Within twenty-four hours from this period, real labour throes commenced. The presentation

presentation of the child was natural; but as the pains, though at first strong and frequent, had become feeble and irregular; the progress of the labour was so slow, that at the end of thirty-six hours from their commencement, viz. at ten o'clock P. M. of the 27th, the head had not entered the pelvis, nor was the os tincæ fully dilated. The patient took little food, and seemed much exhausted. She had an opiate, which however did not suspend the pains.

About six o'clock, A. M. of the 28th, the head began to enter the pelvis, and seemed at first to advance briskly: but after the scalp came in contact with the tuberosities of the ischia, the pains had no effect whatever in pushing it forward. At mid-day the patient became greatly exhausted, and the unavailing pains continuing to harass her, an opiate was given, by which she had some interrupted sleep; but her strength was not recruited. Some brisk  
pains

pains occurred about three o'clock P. M. and then the head was found with the face turned into the hollow of the sacrum. From this time the pains were frequent, but had little effect. The patient now grew exceedingly restless, having the most excruciating cramps in the lower extremities, on the return of every pain. Her pulse was very quick and feeble. The heat of her body was much increased. The urine was suppressed. The abdomen was very tense, and the parts, both internally and externally, were much swelled. As pains, which appeared to act on the head of the child in a trifling degree, occurred from time to time, the application of the forceps was delayed till ten o'clock P. M. They were then applied; but the swelling of the parts was such, that the catheter could not be previously introduced. The forceps were locked with great difficulty.

The patient now complained of the most excruciating cramps, which rendered her for  
sometime



sometime quite unmanageable. After she had become somewhat calm, a cautious attempt was made to draw down; but the head could not be moved a single point. An hour previous to the application of the forceps, she had 40 drops of tinct. opii, and a drachm of the same was rubbed externally on those parts most affected with cramp.

The forceps were withdrawn for two hours, and then again introduced. After every justifiable degree of extracting force had been employed for two hours, as the head could not be made to advance, and as the situation of the patient became highly alarming, a penknife was insinuated between the blades of the forceps; the sagittal suture was opened, and the brain was fully evacuated. The child was then easily brought forwards by the forceps. The placenta was expelled naturally. The child, which was a male, weighed eight pounds, and

and measured twenty inches. The umbilical cord contained no blood.

#### AFTER TREATMENT.

Jan. 29th. Has slept well since delivery. Pulse eighty-four. Tongue furred. Skin hot. Seems much debilitated. Has made water naturally. No stool. Lochial discharge natural. Complains of pain about the uterine region.

Hab. Tinct. opii gtt. xl. h. s.

Ordinary diet.

30th. Had uterine hæmorrhagy in a considerable degree during the night; which was checked by the application to the parts of cloths dipt in vinegar and cold water. Pain in the uterine region abated. Head akes. Pulse ninety, and feeble. Tongue furred. Much thirst. Is unable to turn herself in bed. Parts very sore. Lochia moderate. Has had no stool.

Applic. stat. natural. catap. ex sol. vitr. alb.

Rep.

Rep. Haust. anod.

Hab. vin. rubr.  $\text{ʒviiij.}$  in die.

3<sup>ist</sup>. Has been very unwell during the night. Pulse eighty-four, and feeble. Tongue furred. Skin hot and dry. Much thirst. Has had incontinence of urine since last night. Complains that her right thigh and leg are benumbed. Is still unable to turn herself in bed. Has no secretion of milk. No stool since delivery. Lochia moderate.

Cont. Haust. anod. et cataplasma.

Inj. in vagin. solut. vitriol. alb.  $\text{ʒiv.}$   
4<sup>ter</sup> in die.

Cap. Pulv. antim. gr. viii. 3<sup>tia</sup> quaque hora.

Habeat enem. dom. vespere.

Feb. 1<sup>st</sup>. Has rested better. Pulse eighty-four. Tongue less furred. Skin natural. Thirst abated. Could not be prevailed on to permit the exhibition of the enema. Had Pill. lax. dom. gr. viii. which have not yet operated. Incontinence of urine continues.



Can lie in no other situation than on the back. Complains much of soreness of the parts. Lochia increased in quantity.

Omitt. Pulv. antim.

Cont. remedia reliqua.

2d. Much in the same state as yesterday. Has had a stool. Thigh and leg less benumbed.

Cont. remedia.

Cap. Pulv. cort. peruv. ʒi. ter in die.

3d. Continues in the same state. Has had no stool.

Cap. stat. magnes. alb. ʒij

Cont. remedia.

4th. Complains much of soreness of the parts; but will not submit to be examined even by the midwife. Has had a stool. In other respects as yesterday.

Omitt. Magnes. alb.

Auget. Pulv. cort. peruv. ad ʒij 4ter in die.

Cont. remedia reliq.

5th. Has a slight excoriation on the external

ternal part of the base of the sacrum. In other respects much in the same state as yesterday.

Adplic. ad sacri basim, mane et vespere, pannus linteus madefactus sp. vin. rect.

Cont. remedia reliqua.

6th. Thinks herself better. Is able to turn herself in bed and to lie on her side.

Cont. remedia.

7th. Had her bed made last night. Continues better. Retains her urine for some time. Cannot yet pass it voluntarily. Lochia have disappeared.

Cont. remedia.

8th. Has kept her water during the night. Is better in every respect.

Cont. remed.

9th. Continues better. No longer constant dribbling of water. Excoriation on sacrum healed.

10th. Dismissed at her own desire in a state of convalescence.

## REMARKS.

As it may appear to a young practitioner, that in this case the use of instruments was too long delayed; and that the difficulties which occurred originated entirely from that cause, it is necessary to state explicitly the circumstances by which the practice in this instance was regulated.

The Physicians of the Hospital have laid it down as an invariable rule, that instrumental delivery ought not to be had recourse to, unless some urgent symptoms take place. Now the only circumstance, which rendered expeditious delivery eligible sooner than it was attempted in this case, was the risque that the long continued pressure would eventually destroy the child. Accordingly this consideration would have induced the author of these remarks to have attempted delivery four or five hours before he did so. But this practice could not be adopted, because the external parts  
were



were very unyielding ; and the head of the child seemed to occupy so compleatly the whole cavity of the pelvis, as to render the application of instruments exceedingly dangerous. He was therefore under the necessity of consulting the safety of the mother alone.

To those who are acquainted with the mode of action of the forceps, these reasons will appear very valid ; for as that instrument cannot be employed, without being made to act upon the parts of the woman, it is obvious, that there must be great danger, where the head of the child is in close contact with the sides of the passage in which it is contained. A doctrine, of an opposite nature indeed, has prevailed much among practitioners ; for it has been generally believed, that the forceps act upon no part of the woman, the whole power in moving the instrument being exerted upon the locking parts of it. It is presumed that two arguments overturn this opinion.

First,

First, that the locks are moved as well as the handles ; whereas, did they serve as the fulcrum to the instrument, they ought to be fixed points. And secondly, that the blades are moved from side to side ; and consequently, their most converging points must rest alternately upon the sides of the pelvis.

At last, however, symptoms of danger having occurred, the forceps were applied ; but the swelling of the soft part lining the pelvis was so great, that it was found quite impossible to accomplish the extraction of the head. As no alternative then remained, the bulk of the head was diminished, after which every obstacle was overcome. Although this practice was not had recourse to until the most urgent circumstances seemed to render it necessary, yet there was every reason to believe, that the long continued pressure had killed the child ; and its appearance after death, proved that this had actually been the case. The recovery

covery of the patient was rather slow, but this is to be attributed to her having been in bad health previous to delivery; as from her own account, she had not had the use of her lower extremities during the latter months of gestation. Her state of mind too being remarkably peevish, seemed to retard her recovery very much. The incontinence of urine evidently proceeded from atony of the bladder, which is not an uncommon occurrence after laborious labours.

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## CASE II.

JEAN SUTHERLAND, out-patient, aged twenty-five years, healthy, of a small stature, but apparently well formed, became in labour on the 16th January 1794, at two o'clock A. M. The presentation of the child was natural. But the progress of labour was so remarkably slow, although



although the pains were frequent, that on the third day after its commencement, when the membranes burst, the head was found to be only an inch within the pelvis, the face being turned to the right sacro-iliac synchondrosis.

She had been hitherto attended by a midwife; but as, about two hours before the rupture of the membranes, a smart rigor had supervened, and had occasionally recurred, extraordinary assistance was now sent for, viz. at eight o'clock A. M. of the 19th.

The patient was found in a room so small as to be incapable of containing more than two persons at a time, on the ground floor of a house situated in the middle of a very crowded lane; and every thing about herself as well as in the apartment, was shockingly dirty. Her abdomen was much distended and very tense. Her pulse one hundred and thirty. Her skin hot. Tongue foul;

foul; and the parts were very sore, and considerably swelled.

In this situation she was prevailed upon to allow herself to be carried into the Hospital; into which she was brought at ten o'clock A. M. She then had an opiate; V. S. was performed, and  $\frac{3}{4}$  xvi of blood drawn. At one o'clock P. M. the pains having become pretty strong, a cautious trial was made with Lowder's lever, by which the head advanced about an inch; but after an hour, the pains having remitted, that instrument was laid aside. She seemed drowsy, and was allowed to sleep.

At 5 o'clock P. M. the head was found to be about one third within the pelvis; and as the pains had remitted entirely, the long forceps were introduced, and easily, and properly applied, but the head could not be made to come forward in the smallest degree by any force which it was deemed justifiable to employ.

As the pulse was very quick, exceeding one hundred and sixty pulsations in the minute, the rigors had been frequent, and the patient seemed much exhausted, recourse was now had to the operation of embryulcia, by which the infant was easily and speedily brought down.

The child which was a male, weighed eight pounds twelve ounces, and measured twenty-two inches.

#### AFTER TREATMENT.

Jan. 19th. Had an opiate before she was laid quiet.

20th. Has slept very well. Complains of pain in the abdominal region; this is aggravated by cough, to which she has been subject for many years. Pulse one hundred and thirty, and hard. Skin hot. Tongue parched. Considerable thirst. Has made water twice since delivery. Has had no stool. Lochial discharge regular.

Fiat



Fiat stat. V. S. ad  $\text{zviij.}$  vel  $\text{zx.}$

Capt. Pulv. antim. gr. iv.  $\text{ztia.}$  q q. h.

Hab. h. s. tinct. opii gtt. xl.

Low diet.

21st. Has slept well. Pain in the abdomen is only felt when the cough occurs. Cough very troublesome. Feels a slight pain in the head. Pulse strong, but very irregular, intermitting every three or four pulsations. Skin hot and dry. Tongue less furred. Thirst abated. No stool. Lochial discharge natural. The blood which was drawn yesterday was only slightly buffy.

Cont. Pulv. antim. et haust. anod.

22d. Has rested well. Thinks herself much better. Pain in the head abated. That in the abdomen less frequent. Cough still troublesome. Pulse as yesterday. Skin hot. Tongue slightly furred. Thirst trifling. Has had two natural stools since delivery. Lochial discharge regular.

Cont. remedia.

23d. Has been disturbed once or twice during the night by a call to stool. Since yesterday's report has had five natural loose stools. Feels no pain whatever. Pulse continues to intermit, but is firm. Cough less frequent. Tongue clean. Skin cool. Lochia regular.

Omitt. Pulv. antim.

Cont. Haust. anod.

24th. Has slept well. Diarrhœa abated. Thinks herself quite well. Pulse still intermits. Appetite for food moderate. Cough continues in a trifling degree. There is a considerable fetor from the parts.

Utat. aq. tepid. bis in die ad natur.  
lavand.

Capt. Pulv. cort. peruv. 3ß bis in die.

25th. Pulse still intermits. In other respects convalescent.

Cont.

Cont. rem. Full diet.

26th. In every respect as yesterday.

27th. Pulse regular. Is able to remain out of bed without fatigue for some hours a-day.

Feb. 1st. Dismissed in perfect health.

#### REMARKS.

The preceding history shews clearly the influence of bad air on the process of parturition. Although there certainly was some deficiency of space about the brim of the pelvis, notwithstanding the patient being externally well formed; yet it is exceedingly probable, that had she been in a well ventilated chamber from the beginning of labour she should have been delivered naturally.

Having been unfortunately surrounded by the most impure air, her strength soon became exhausted, while the pressure of the child against the brim of the pelvis induced inflammation and swelling of the soft parts



parts lining that cavity, by which the natural deficiency of space was greatly increased.

The state of her pulse for some time after delivery was singular and alarming. It seemed to depend on peculiarity of constitution. Nevertheless, it demanded the most active exertions of practice. These were successful; for after the fifth day the progress of her convalescence was remarkably rapid.

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### C A S E III.

MRS. CUNNINGHAME, aged twenty-four years, very much deformed, having been ricketty from her youth, and being not above forty-one inches in height, became in labour early in the morning of Monday 29th Sept. During the whole of that day and of the succeeding night she was attended by an experienced midwife, who  
reported

reported that the pains were pretty strong and frequent all that time. At ten o'clock A. M. of the 30th, extraordinary assistance was sent for. At that time, it was found upon examination, that the os tincæ was so much dilated that its aperture equalled in size a crown piece, and that there was a very considerable deficiency of space in the pelvis, in consequence of the projection of the promontory of the sacrum and inferior lumbar vertebra. Her pulse was ninety-four, and firm, her tongue clean, her skin soft and natural. Her belly not swelled nor painful. She had had a stool the preceding evening from the operation of an enema, and she felt no difficulty in making water. She had frequent short cough, which she said was habitual.

As the apartment in which she dwelt was in a very unhealthy situation, and was at the same time very confined, she consented to go into the Lying-in-Hospital, into which she was brought at two o'clock

P. M

P. M. The pains continued pretty frequent during the day, and at 7 o'clock P. M. the membranes spontaneously burst, and the liquor amnii was discharged. Advantage was taken of this circumstance to examine the state of the passages with greater attention than had formerly been done. The pelvis at the outlet did not deviate from the natural standard, but at the brim the short diameter was ascertained to be certainly under three inches, by at least one fourth of an inch. There was more room at the brim on the right side than on the left. The os tincæ appeared as much dilated as the aperture of the pelvis could permit. The vertex of the child was forced about an inch within the brim.

Soon after the rupture of the membranes, the pains became very strong and frequent, and the pulse full and hard. Venesection was then performed, and twelve ounces of blood taken away. At ten o'clock P. M. an opiate was given.

During



During the night the pains did not recur so frequently as in the evening, but were equally strong. In the intervals she slumbered much.

At nine o'clock A. M. of Oct. 1st, the scalp of the child was found about two inches below the linea innominata; the patient's strength was not impaired, and the pains were frequent and strong. The pulse was a hundred and eight.

Lowder's lever was now applied over the occiput, and cautious attempts were made by drawing down during a pain. These efforts seemed at first to be effectual, for the scalp was within less than three quarters of an hour felt to be half an inch lower than it had been previous to the application of the instrument. But from this period no advantage accrued from its use; for the head could not be made to advance a single point. The lever was therefore laid aside.

During the forenoon, she had a con-

H

stant

stant succession of strong pains, with an interval of five or six minutes between each. These however produced no effect in propelling the child ; for at four o'clock P. M. the head was found to be precisely in the same situation in which it was when the use of the lever was discontinued. Altho' she had had occasional vomiting since the morning, and had taken very little food of any kind, she did not seem exhausted. Her spirits were pretty good, and her pulse was firm though quick ; she had little pain in the head, and no suppression of urine.

Throughout the afternoon, the pains continued very frequent and violent. She began to feel excessive thirst, and to complain of pain in the head ; and towards evening she became very clamorous for assistance.

At eight o'clock P. M. she was examined with great care, and as it was found, that, notwithstanding the violence of the pains, the head had not advanced in the smallest

smallest degree for at least fourteen hours ; that her strength now began to fail ; that her pulse had become very frequent ; that symptoms of danger threatened ; that the lever could not be employed with advantage ; and that the forceps were inadmissible ; it was deemed necessary to proceed forthwith to the operation of embryulcia.

Accordingly, at nine o'clock P. M. the perforator was with the usual precautions introduced into the head at the vertex ; a proper opening was made ; the brain was freely discharged, and a small portion of the occipital bone and the whole of the parietal bones were picked away. The teguments having been then drawn over the ragged edges of the bones, the patient had an opiate and was allowed to lie quiet.

She had however a short cessation of pain only, for through the night the labour throes recurred often. Towards morning the head began to advance very perceptibly ;



tibly ; and at last at half past, eight o'clock A. M. of the 2d. inst. the child was completely expelled by the natural efforts. The placenta soon after followed.

The child was a female, not of a very large size, having weighed only six pounds.

It had almost no marks of putrefaction on its body.

#### AFTER TREATMENT.

Had an opiate before she was laid quiet.

*Vespere.* Slept soundly for several hours during the forenoon. Thinks herself quite well. Took with relish some bread-berry with a little wine. Pulse a hundred and forty, and not strong. Tongue clean. Skin cool and moist. Has made water naturally twice since delivery. Lochial discharge in moderate quantity.

Rep. Haust. anod.

3d. Has rested very ill during the night, in consequence of frequent troublesome cough. Complains of universal soreness  
over

over the whole body. Pulse a hundred and forty, and rather sharp. Tongue clean. Skin natural. Has had no stool since delivery. Lochial discharge in moderate quantity.

Low diet.

*Vespere.* Has been distressed through the day with the cough. Has taken twice half a pound of beef tea, and once a little bread-berry, with a small proportion of wine. Pulse in the same state as in the morning.

— Rep. Haust. anod. h. s.

4th. Has slept very little, having been much disturbed with the cough. Had a stool naturally this morning. Pulse exactly as yesterday. Tongue clean. Skin cool. Lochial discharge pretty abundant.

*Vespere.* Has felt her breasts painful since the afternoon commenced. They are somewhat swelled and hard. In other respects is in the same state as in the morning.

Rep. Haust. anod.

5th. Has rested pretty well during the  
night,

night, the cough having been less troublesome. Pain in the breasts much abated. Pulse a hundred and twenty, and more natural. Tongue clean. Skin cool. Thinks herself considerably better. Has had no stool. Lochial discharge regular.

Hab. vesp. enem. domest.

Rep. Haust. anod.

6th. Has slept pretty well. Had her bed and body linens shifted last night, and felt no fatigue in consequence of rising. Pulse as yesterday. Cough less troublesome. Had a stool from the operation of the enema. Lochial discharge natural.

Full diet.

Rep. haust. anod.

7th. Thinks herself much better to day. Pulse ninety-six. All the functions natural.

Omitt. haust. anod.

8th. Convalescent in every respect.

9th. Convalescent. Sat up yesterday for several hours without any inconvenience.

15th. Was



15th. Was dismissed in perfect health.

## REMARKS.

In cases such as the above, two modes of practice have been recommended; viz. either to open the head at the beginning of labour, or to wait patiently till it be proved that the efforts of nature are inadequate to the expulsion of the child. In favour of the former of these, many plausible arguments may be adduced. Thus, it may be alleged, that while it is improbable, that the short diameter of the child's head shall be reduced below three inches, it is cruel to allow the patient to suffer unavailing anguish for several days; or unjustifiable to hazard her life, when there is no reasonable prospect of saving the child. And besides, it must be distressing to the practitioner to undergo the fatigue and anxiety of a long attendance, which may, with so much ease, be avoided. Whereas, on the other hand, by  
opening

opening the child's head at the very beginning of labour, the patient's safety is secured, and the practitioner's fatigue avoided.

If, however, the most incontestible evidence can be produced, that children at the full time have been born alive, although the short diameter of the pelvis was certainly under three inches; and if it be allowed, that infants at the seventh month are smaller than those at the ordinary period, and are known to live to maturity; then these arguments can have no influence over any man of common humanity, or even honesty. Now, it is presumed, that the former circumstance is clearly proved in Dr Hamilton's Letters to Dr Osborne; and the latter is universally acknowledged.

It follows, therefore, as a consequence of these data, that the second mode of practice, in cases such as that under consideration ought always to be adopted; viz. that the practitioner should constantly,  
wherever

wherever the pelvis falls under the ordinary standard, provided its dimensions be not below two inches in the short diameter, ~~he~~ wait patiently till he be absolutely convinced that the child cannot be excluded alive by the efforts neither of nature nor of art.

As Lowder's lever adds to the *vis a tergo*, without injury to the mother, it is the only instrument that can with safety be employed with this view in such cases. Its use should be continued as long as shall be required to ascertain whether it have any power.

Two important advantages result from this mode of practice. First, the certainty of never destroying life unnecessarily; and secondly, the probability, that if the child must unavoidably be extracted piecemeal, its death shall have happened previous to the use of destructive instruments, in consequence of the long continued pressure.



The opportunities which now and then occur of saving life, by adopting this rule, amply compensate to the man of humanity the many hours of fatiguing and anxious attendance, which every practitioner of midwifery must necessarily spend. It peculiarly affects his mind, at the period of life when former transactions are involuntarily reviewed. It imparts a sensation which cannot be expressed. It raises man above his own nature.

Far different must be the feelings of that man, on whose recollection the consciousness of having unnecessarily, and hence, wantonly and cruelly, destroyed life, perpetually obtrudes itself.

Although, in the particular case under consideration, the author of these remarks was convinced that he had not waited too long, he should have been much alarmed, for the first four days after delivery, for the safety of the patient, from the great quickness of her pulse, had not the same circumstance

circumstance occurred in the case of Sutherland, mentioned in the preceding history. The very rapid progress of Cunningham's convalescence, shews that assistance was not too long delayed.

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#### C A S E IV.

MARY NEILSON, out-patient, aged twenty years, of a small stature, but apparently healthy and well formed, became in labour on the evening of Tuesday, December 2d, 1794. The presentation of the child was natural. The dilatation of the os tincæ proceeded slowly, although the pains were pretty frequent.

On the evening of Thursday the 4th, the membranes spontaneously gave way, and the liquor amnii was discharged. Notwithstanding the pains being frequent and apparently strong from this period, the progress of the labour was so slow,

that at seven o'clock P. M. of the 6th, when extraordinary assistance\* was sent for, the head was found to have advanced only about one third within the pelvis. The patient at that time appeared to be much exhausted, her pulse was a hundred and ten, and feeble; her tongue foul; her abdomen greatly distended; and her urine had been suppressed for twelve hours. The parts were swelled, exceedingly sore, and very much contracted. The pains were trifling.

Notwithstanding all these unfavourable symptoms, the patient was so very unmanageable, that she would not consent to permit the employment of any means for her delivery; and therefore it became necessary to give an opiate, and to wait for an opportunity of interfering.

In

\* Mr Jones, of Cley in Norfolk, at present annual pupil to the Professor of Midwifery, had the charge of the case from this period.



In consequence of the opiate, the pains were suspended for several hours; but at one o'clock A. M. of the 7th they returned, and continued frequent; though they produced no effect whatever in propelling the child.

On considering every circumstance of the case, it seemed now absolutely necessary to have recourse to the operation of embryulcia: for the strength of the woman was quite impaired; her pulse was exceedingly quick, irregular and feeble; her urine had been suppressed for nearly twenty hours; the child had been in the passage for above forty-eight hours; and the swelling of the parts within the pelvis appeared to be increasing with rapidity. Besides, from the most accurate examination, there seemed reason to believe, that the spinous processes of the tuberosities of the ischia approximated to each other more than usual.

Worn out with the long continued agony she had suffered, and distressed with the  
pain

pain she actually felt; she at last consented to the interference of art. Accordingly, at four o'clock A. M. the perforator was introduced into the cranium, and a sufficiently large opening was made, by which the brain was freely evacuated, and then the crotchet was employed, as the urgent symptoms plainly indicated the absolute necessity of speedy delivery. With great difficulty the child was extracted at half past seven o'clock A. M.

After delivery, a quantity of urine was discharged, and slight hæmorrhagy took place. As the placenta could not be extracted by the ordinary means, the hand was necessarily introduced for that purpose, and it was with considerable trouble at last brought off. It adhered very strongly, in consequence of induration, and, as it was found, of ossification in many parts.

The child, which was a male, was not weighed, but was of a large size.

AFTER

## AFTER TREATMENT.

Dec. 7th. Six o'clock P. M. Has slept for some hours, and feels herself now pretty easy. Has not made water since immediately after delivery. Bladder seems considerably distended. Pulse a hundred and four. Tongue foul. Skin cool. Lochial discharge in moderate quantity.

Fov. natural. aq. tepid. stat.

Cap. h. f. tinct. opii gtt. xxx.

Low diet.

8th. Has slept well during the night. Has made water twice since the fomentations. Complains of frequent cough, which often forces off a little urine. Pulse eighty-four. Tongue foul. Much thirst. Skin cool. Lochial discharge natural.

Bibt. Decoct. Hord. ad libit.

*Vespere.* Cough has been very troublesome all day. Although a good deal of urine was thereby expelled involuntarily, she has twice made water naturally. Pulse



a hundred and four. Still feels considerable thirst.

Rep. Tinct. opii h. s.

9th. Has had some hours sleep. Passed during the night a quantity of blood with coagula. Cough less troublesome. Complains much of pain in the hip and left thigh. Pulse a hundred, and small. Tongue foul. Skin hot and dry. Makes water naturally, and now passes none involuntarily. Has had no stool. Lochial discharge regular.

Inj. enem. dom. stat.

*Vespere.* The enema operated well. Still complains of pain. The abdomen is sore to the touch. Has an erysipelatous eruption about her mouth. Pulse a hundred, and rather full. Tongue less foul. Skin not so hot.

Rep. Tinct. h. s.

10th. Has slept tolerably well during the night. Complains of pains over the whole belly. Feels no longer any uneasiness in  
the

the hip or thigh. Pulse a hundred, and small. Tongue rather foul, but moist. Thirst still considerable. Lochial discharge regular. No symptoms of the accession of milk to the mammæ.

Capt. stat. Tinct. opii gtt. xv.

Fov. abdom. per semi-horam.

*Vespere.* Pains were alleviated for some time after the use of the opiate and fomentations, but have recurred within these two hours. Pulse ninety, and full. Tongue moist. Skin hot and dry. Had a stool naturally.

Rep. foment. abdom.

Rep. Tinct. opii gtt. xxx.

11th. Has slept well. State of the pulse, tongue, and skin, natural. Complains of pains in the belly. These are not aggravated by pressure.

Hab. Enem. domest. stat.

*Vespere.* Enema operated well, and procured the expulsion of a considerable quantity of urine. Pains in the belly have not

K ceased.

ceased. In other respects as in the morning.

Rep. Tinct. opii gtt. xxxv.

12th. Was much distressed during the night with pains in the belly, which prevented her from sleep. Pulse regular. Tongue clean. Skin moist. Lochial discharge natural.

Cap. stat. Tinct. opii gtt. xxx.

*Vespere.* Feels quite relieved from pain.

Rep. Tinct. opii gtt. xxx.

13th. Convalescent.

Omitt. Tinct. opii

14th. Has been troubled during the night with diarrhœa, tenesmus, and pain in the belly. Pulse regular. Tongue clean. Skin moist. Lochial discharge regular.

Cap. stat. Tinct. opii gtt. xxx.

Inj. vesp. si opus erit Enem. ex mucil. amyli cum tinct. opii gtt. lxx.

25th. Diarrhœa ceased yesterday afternoon, but has returned this morning, accompanied with gripes, tenesmus, and retchings



retchings to vomit. Pulse quick and small. Tongue foul. Skin natural. Has great thirst. Lochial discharge regular.

Cap. stat. pulv. ipecac. gr. xv.

Bib. alternis vicibus per diem post emet. operationem, jus e carne bovin. (vernacule *beef-tea* vocat.) et decoct. hord.

*Vespere.* Feels herself considerably relieved, but the diarrhœa still continues.

Cap. Pot. cretac. ʒij. cum Tinct. opii  
gtt. x 3tia q. q. hora

Inj. Enem. ex mucil. amyl.

16th. Slept pretty well during the night. Has had no stool this morning, and complains only of weakness. State of the pulse, tongue, and skin, natural. Lochial discharge regular.

Cont. pot. cretac. sine tinct. opii.

Omitt. enem. — Cont. reliq.

17th. Convalescent.

Cont. remedia.

18th. Had a slight return of the diarrhœa

rhœa yesterday afternoon, but feels herself quite well to day.

19th. Left in a state of progressive convalescence.

#### REMARKS.

IN cases where symptoms indicating danger occur, while the head of the child is only one third within the brim of the pelvis, it ought to be observed as a general rule, to attempt the delivery with Lowder's lever, or the long forceps, before recourse be had to destructive instruments. The preceding case, however, affords an instance of an exception to that rule; for from the great swelling of the soft parts, both external and internal, and from the suppression of urine, the introduction of either lever or forceps was totally inadmissible. The exhausted state of the patient, too, at the time that delivery was undertaken, rendered it necessary to depart from another general rule, viz. that of waiting for some hours after

after the first part of the operation before the extraction be begun.

The ossification of the placenta is an uncommon circumstance; yet this is the second instance of it which has occurred in the practice of the Hospital within these four months. The fact is valuable, both in a practical and a physiological point of view. It is in the former respect only that it is to be regarded in this work.

In both instances, the points of ossification were very minute. They appeared in patches both on the surface of the placenta, next the mother, and on that next the child, and throughout the internal substance. On the former surface they felt rough when touched with the finger; and when examined by a magnifying glass they did not appear covered with any membrane. In the latter they were placed under the chorion. A great part of the placenta  
centary



centary mass was indurated like a strong fleshy substance.

Induration of the placenta is by no means a rare occurrence. Ten cases of that kind fell under the management of the author of these remarks within the space of one year\*. The placentæ in such cases have been commonly styled scirrhus; but it always appeared to the author, that the morbid change under consideration proceeded from an approach towards ossification. He has now obtained pretty clear evidence in support of his opinion.

The induration of the placenta is always productive of considerable danger to the mother; though it seems to have little effect upon the child, as the children born in such

\* One of these cases was under the charge of Mr Helsham of Norfolk, then and presently annual Pupil to the Professor of Midwifery. The patient owed her life to his great and unremitted attention.

such cases are generally stout and well formed. The danger arises from two sources, *viz.* hæmorrhagy, and retention of the placental mass.

As there must be an unusual resistance to the contraction of the uterine fibres, at that part to which the indurated portions are attached, increased action is excited in them; and hence the soft yielding portions are separated sooner than usual. Thus the hæmorrhagy is produced. On the other hand the cellular, as well as the vascular part being indurated, the adhesion of the diseased parts to the uterus must be in many cases so great, that neither the natural action of that organ, nor even the assistance of art can accomplish the separation.

That considerable danger results from uterine hæmorrhagy, during labour and after delivery, is almost universally acknowledged; but the bad consequences of retained placenta have not been so generally admitted. Experience, however, proves, that

that the most fatal effects arise from that cause: And the least reflection must, to a person acquainted with the structure of the gravid uterus, point out very fully the circumstances on which the danger depends. The retained placenta ceasing to possess life, becomes a putrid mass, while the lymphatics of the uterus being at that period remarkably large, convey very rapidly the putrid matter into the general system. By this the most dangerous fever is occasioned; the patient often dying within seven or eight days after delivery\*.

Such being the consequences of the induration of the placenta, it behoves practitioners to endeavour by the seasonable interposition of art to obviate them.

It

\* Dr Clarke of London has, in his *Practical Essays*, page 98, noticed this consequence of the retention of the placenta; and has mentioned what has been repeatedly observed by the author of these remarks, that the life of the patient under such circumstances, is sometimes protracted for a fortnight or three weeks after delivery.



It would be a fortunate circumstance, if the cause of the morbid state could be ascertained; but this, it is apprehended, cannot be done. It might indeed be alleged, with a considerable degree of plausibility, that it originates from previous inflammation: for it is well known, that the lungs, which the placenta resembles very much in structure, frequently become indurated after having been inflamed. But when the changes produced in those two organs are attentively considered, it will be found, that they are very different: for the substance of the lungs when indurated is like that of the liver; whereas the indurated placenta has a fibrous fleshy texture.

It appears, therefore, to be in the power of the practitioner only to counteract the effects of the state under consideration, and not to prevent its taking place.

Induration of the placenta may be suspected, if Uterine Hæmorrhagy occur

L

during

during labour, while the situation of the secundines does not appear to be unusual, and while the patient had not been exposed to any accident which could occasion the partial separation of any of those parts. This is more clearly indicated, if after delivery, notwithstanding the occurrence of uterine pains, the umbilical cord is not lengthened, and occasional hæmorrhagy, more especially preceding every pain, takes place. The introduction of the hand into the uterus removes all doubt.

As from these observations it must appear evidently, that nature is not always adequate to the expulsion of the after-birth, while at the same time its retention is attended with great danger; it seems only necessary to state the means to be employed for the extraction of that body.

By most practitioners, who acknowledge the necessity of removing the secundines soon after delivery, (for on this subject unfortunately

fortunately all practitioners do not agree,) it has been very generally believed, that unless every portion be removed, the same danger must happen, as if the whole were retained. But this doctrine leads to the most improper practice ; for, in some cases, the substance of the placenta is so much blended with the uterus, that it cannot be separated, even in the dead body, without laceration of that organ.

The practice, therefore, suggested by reason evidently is, to remove all that is yielding, and to trust the rest to nature. By this means uterine hæmorrhagy is guarded against; for the parietes of the uterus are allowed to come every where into close contact, and the greatest part of the placental mass, (the part which must have first become putrid) is removed.

The extraction of these portions is to be made by pressing them from the edges towards the middle of the cake, and not by <sup>in</sup>serting the fingers between them and the uterus: for, by the former practice, while



the natural process is imitated, no injury can be done to the patient, whereas ; by the latter, inflammation of the womb will be very readily induced.

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## PRETERNATURAL LABOURS.

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### CASE I.

**J**OAN PICCARD, aged twenty years, healthy and well-formed, became in labour on the 12th of February 1794, at midnight. The child was discovered to present by the feet. The progress of the labour was so slow, that the os tincæ was not fully dilated till about eight hours after the spontaneous rupture of the membranes.

At that time, viz. at nine o'clock P. M. of the 13th of February, the feet being in the vagina were brought down, the belly

was

was turned towards the left sacro-iliac synchondrosis ; and although there were no pains, the body and arms were easily delivered ; but the head, notwithstanding every effort, could not be disengaged for several minutes. The child was still-born ; its whole body was quite flabby. The placenta was extracted by art, having been retained by atony of the uterus.

The child (a female) weighed seven pounds six ounces, and measured twenty-two inches.

#### AFTER TREATMENT.

13th. Had an opiate, and was laid quiet.

Although from the appearance of the child, there was every reason to believe that it had been dead for some time, the proper attempts were made to restore suspended animation. For this purpose, the body was put into warm water, and the lungs were repeatedly filled with air by means of a bag of elastic gum. After  
some

some time it was removed from the water, and carefully rubbed with warm flannel, and the lungs were again repeatedly inflated, but all efforts proved in vain.

14th. Has slept well. Complains of no pain whatever. Pulse seventy-two. Tongue clean. Skin cool. Has made water, and has had a stool since delivery. Lochial discharge regular.

Ordinary diet.

15th. Has slept well. Pulse regular. Tongue white, but has no thirst. Appetite for food moderate. Belly open. Lochia natural.

16th. All the functions natural, sat up for an hour last night, and suffered no fatigue in consequence. Complains much of pain in her breasts, which are greatly distended with milk.

Breasts to be drawn in the evening.

17th. Feels well in every respect; suffers no longer any uneasiness from the state of the breasts, though they were not drawn yesterday,



yesterday as the pain abated before evening.

18th. All the functions natural. In every respect convalescent.

19th. Continues convalescent.

25th. Has continued quite well since last report.

27th. The patient in perfect health, was dismissed.

#### REMARKS.

It is a curious circumstance, that the best mode of delivery, in footling cases, has not yet been explicitly pointed out by any author. This must appear surprising, when it is considered that such presentations frequently occur ; that the life of the child depends upon the practice adopted ; and that the management of every preternatural labour must be influenced by the rules applicable to footling cases.

When the feet present, the infant's situation relatively to the mother must be with  
its

its belly placed towards her back, her belly, her side, or some intermediate point. The former of these positions has been generally considered to be the most favourable, and the latter the reverse. But a little reflexion must convince every practitioner, that the infant occupies the least possible space when its belly is towards the side of the mother ; or to speak more accurately, towards the sacro-iliac synchondrosis: for then the largest part of its body is within the largest diameter of the pelvis at the brim \*, while in its progress through the pelvis the breech is  
not

\* The difference between the diameter of the pelvis at the brim, in the skeleton and in the living subject, is not generally known. In the former the longest diameter is a line cutting at right angles the center of that between the sacrum and pubis ; but in the latter, the bellies of the psoæ muscles being lodged within the hollow formed by the most converging points of the linea innominata at the sides, that diameter is rendered about half an inch shorter than the oblique one, or that extending from the sacro-iliac synchondrosis to the top of the acetabulum.

not forced through the shortest diameter at the outlet, viz. that between the tuberosities of the ischia\*.

In every case therefore where the feet are brought down, the toes should in the process of extraction be turned into such a position, that the belly, the breast, and the face shall be made to pass in succession along the nearest sacro-iliac synchondrosis. After the arms are disengaged, the face can be readily turned into the hollow of the sacrum.

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## CASE II.

ELIZABETH HOGG, out-patient, aged thirty years, very robust, apparently healthy, and well-formed, after having been married for four months, thought herself

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to

\* The mechanism of such cases is clearly explained in an inaugural dissertation published at Edinburgh in 1794, by Dr De Coutto. Vide page 97, et seq.



to be pregnant, about the middle of July 1793. Previous to that event she had always enjoyed uninterrupted good health; but from the time she became certain of being pregnant, she was often troubled with sickness and vomiting, attended with loss of appetite.

From the middle of November, till the middle of March following, the vomiting was very frequent and severe, and sometimes among the matter vomited a small quantity of blood was observed.

She applied for no medical assistance till the 8th of March 1794. Opiates and occasional glysters, to keep the bowels empty, were then prescribed with apparent good effect.

But in the evening of March 16th, she had a return of vomiting, succeeded by a fit, which seemed as far as the accounts of the attendants could be credited, to have been an epileptic paroxysm. After that she became delirious, and at midnight was  
observed

observed to be in labour. Within two hours after, the membranes spontaneously gave way, but assistance was not sent for till six o'clock A. M. of the 17th. It was then found that the child presented by the feet.

The delivery was accomplished with great facility; for as the child was premature, and in a putrid state, no resistance to the extraction was occasioned. The placenta followed naturally the extraction of the child.

#### AFTER TREATMENT.

17th. When delivered, she was in a state of delirium. Her pulse was very indistinct, and the pupils of her eyes were much dilated.

A little wine and water was ordered, but it could not be swallowed.

About two hours after delivery she still continued delirious. No pulse could

be felt, and a clammy sweat appeared over the whole surface of the body.

Soon after this she became comatose, and at four o'clock P. M. she expired.

*Appearances on Dissection.*

The body was opened twenty-four hours after death.

ABDOMEN. The abdominal muscles were covered with a large quantity of fat. The omentum and intestinal canal were quite sound. The stomach was much distended with air. On its internal surface, near the cardia, a number of brown spots appeared, which seemed to proceed from the rupture of small blood-vessels. The uterus was so much contracted, that its parietes were in close contact. In the left ovarium, the vestige of a corpus luteum was perceived, but it was very indistinct. The parietes of the uterus exceeded two inches in thickness; no blood flowed when they were cut through.

The



The internal surface of the uterus was in the natural state. All the other contents of the abdomen were quite sound.

THORAX. The lungs, heart, &c. were very sound.

HEAD. Not opened.

#### REMARKS.

The case of this patient apparently affords an instance, where the cause of death did not seem to depend on derangement of structure; but this conclusion is doubtful, since the head was not opened.

The husband was suspected by the female attendants to have a syphilitic taint; but no marks of it were observed on the patient. The body of the child, however, exhibited the usual appearances which occur where the foetus is destroyed by Syphilis, viz. putridity, along with livid blotches over the whole body.

Speculative observers have denied the possibility

possibility of the foetus in utero being infected by the venereal virus, while the mother is quite free from the symptoms which denote the presence of that poison. But however difficult it may be to account for the phenomenon, the fact is proved by daily experience.

Dr Alexander Hamilton mentioned about twenty years ago in his lectures, as the result of his practical observation, that wherever women produce repeatedly children who had apparently died about the fifth, sixth, or seventh month of gestation, a syphilitic taint in the husband ought to be suspected, although the wife shall have never had any symptom of the disease. Since that time innumerable cases have occurred, which have established completely, the truth of this observation.

Mr Benjamin Bell has been also led by experience to adopt the same opinion \*.

ORDER

\* See his valuable Treatise on Lues Venerea, vol. ii. p. 416. et seq.

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## ORDER II.

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### CASE I.

CHRISTIAN ANDERSON, out-patient, aged twenty-four years, healthy, and apparently well-formed, became in labour at nine o'clock A. M. of 3d July 1794, and at six o'clock P. M. of the same day, the liquor amnii was discharged. She was at that time attended by an experienced midwife.

As it was found that the arm of the child presented, extraordinary assistance was sent for at five o'clock P. M. of the fourth

The right arm, considerably swelled, was felt protruded without the vagina; the belly of the child, it was ascertained, was placed towards that of the mother, and  
the



the uterus was rigidly contracted. Slight pains occurred from time to time. The patient's pulse was good, and her strength unimpaired.

Eighty drops of tinct. opii were immediately given; and at seven o'clock P. M. the pains having ceased entirely, and the woman having become drowsy, the operation of turning was begun. For this purpose the right hand was cautiously insinuated into the uterus, one foot of the child was taken hold of, brought into the vagina, and secured there by means of a ligature; after which the former presenting part was gradually forced back, and then the belly, the breast, and the face, were brought in succession along the left sacro-iliac synchondrosis. The head was very easily disengaged; and the whole process of delivery was finished about half past eight o'clock P. M. the placenta having been thrown off by the natural efforts, a  
few

few minutes after the extraction of the child.

The infant (a male), had in several parts the cuticle peeling off; so that it had probably been dead for some time. It was of a large size.

#### AFTER TREATMENT.

July 5th. Has slept well. Complains of slight after-pains. Has made water repeatedly since delivery. State of the pulse, tongue, and skin, natural. No stool. Lochia regular.

Cap. h. s. Tinct. opii gtt. xl.

Low diet.

6th. After-pains have ceased. Feels herself universally sore, and is distressed with headach. Pulse regular. Tongue rather furred. Skin natural. No stool. Lochial discharge moderate.

Omitt. Haust. anod.

Hab. Enem. dom. vesp. nisi prius  
alv. solv.

N

7th.

7th. Has had a good night's rest. E-nema operated well. State of the pulse, tongue, skin, and lochial discharge, natural.

8th. Convalescent. Appetite for food is pretty keen.

Ordinary diet.

19th. Has continued since last report in a state of progressive convalescence, and is now in perfect health.

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## C A S E II.

MRS M'INTOSH, out-patient, aged twenty-two years, healthy and well-formed, became in labour the 14th August 1794, at four o'clock P. M.

The pains were trifling and irregular till about seven o'clock A. M. of the 15th, when the liquor amnii was spontaneously discharged ; soon after which they became frequent and strong. During this time the  
patient



patient was attended by a midwife, who having discovered that the arm of the child presented; and having found, that notwithstanding the frequency and force of the pains, no favourable alteration whatever took place, sent for extraordinary assistance at ten o'clock P. M. of the same day.

On examination, the child was felt to present by the right arm, and to have its belly placed towards that of the mother; in which situation it was firmly fixed, the uterus being rigidly and strongly contracted. The uterine pains were pretty frequent. An opiate, (viz. tinct. opii gtt. lxxx.) was given.

At half past midnight, the patient having become drowsy, the operation of turning was begun. Both feet of the child were taken hold of, and the belly having been turned to the left sacro-iliac synchondrosis, the delivery was accomplished\* at two o'clock A. M. of the 16th. The pla-

N 2

centa

\* By Mr Shuttleworth.

centa was within half an hour after this expelled naturally.

The child (a male) was of a pretty large size, and was well formed. It was still-born, and in several places had the cuticle peeling off. It had however no smell.

#### AFTER TREATMENT.

16th. Was laid quiet, without any opiate in addition to what she had taken previous to delivery.

*Vespere.* Has had several hours sleep. Complains of headach and thirst. Pulse a hundred and eight. Skin hot. Tongue furred. Has made water repeatedly since delivery. Lochial discharge in moderate quantity.

Bib. Decoct. hord. ad libit.

Low diet.

17th. Has slept well. Headach much abated. Thirst less considerable. Pulse ninety-six. Skin cool. Tongue a little furred. Complains of soreness about the parts.

Has

Has had no stool since two days before delivery. Lochial discharge regular.

Hab. tinct. opii gtt. xxx. h. s.

Inung. genital. cum axung. porc.

Cap. cras mane, nisi prius alv. solv.

Ol. ricini  $\mathfrak{z}$ i.

18th. Has slept well. Headach entirely gone. Feels less soreness than yesterday. Had a stool this morning, in consequence of having taken the ol. ricini. Breasts are distended with milk, and are painful. Lochial discharge regular.

Omitt. Haust. anod.

19th. Feels herself better in every respect. Had her bed and body linens shifted last night, and suffered no fatigue in consequence of rising. State of the pulse, tongue, and skin, natural. Breasts less painful. Lochial discharge diminished.

20th. Convalescent in every respect. Has had no stool for these two days.

Cap. h. s. Pil. lax. No. iij.

26th. Was left in perfect health.

REMARKS



REMARKS ON THE TWO PRECEDING  
CASES.

In these cases the position of the child was the same, and the patients had been in labour for nearly an equal space of time.

In both, the utility of opium, in removing the spasmodic stricture of the uterus, is clearly evinced; while the natural expulsion of the placenta, soon after the extraction of the child, proves very decidedly that no injurious relaxation of that organ was produced.

This fact is of much practical importance; for an opinion has been adopted by some, that opiates impair for a time the muscular power of the uterus, so much as to render hæmorrhagy after delivery almost inevitable. Now, as hæmorrhagy under these circumstances is often very rapidly fatal, every practitioner naturally dreads the occurrence: hence, were the o-  
pinion

pinion alluded to generally received, the operation of turning would be attempted without the previous exhibition of opium; the consequence of such practice would frequently be laceration of the uterus; an accident which has happened very often from this cause. Much experience, however, has convinced the author of these remarks, that opium never occasions those injurious effects.

In the first case, one foot of the child only was taken hold of. Some authors, particularly, Puzos, advise this practice from choice; but as two feet give a better command of the child than a single one, they ought always, if within reach, to be both brought down. This however is not so absolutely necessary, as to render it justifiable to put the patients to much pain, and consequently, to induce danger by the attempt; for, in the hands of a cautious operator, the extraction may be safely made  
by

by one foot. It should therefore be observed as a general rule, to take hold of both feet if it can be easily and readily done; but if not, to rest contented with that which is within reach.

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### C A S E III.

MRS STEEL, out-patient, aged forty-three years, healthy and well-formed, became in labour on the 13th of August 1794, at five o'clock A. M. The membranes, according to report, spontaneously gave way soon after the commencement of labour, and the liquor amnii was discharged.

During the period between the beginning of labour and the afternoon of August the 13th, when extraordinary assistance was procured, she had been attended by a midwife, who would give no other account of the case than “ That the pains had been frequent, that the arm of the child had



had presented, and that the os tincæ had not been fully dilated till the morning of the 18th."

On examination, the right arm and the umbilical cord of the child were found doubled within the vagina, and the uterus was felt to be strongly and rigidly contracted on the body of the infant. The patient's pulse was distinct although feeble.

As it was quite impracticable to pass the hand beyond the presenting part, it became necessary (although the exhausted state of the patient clearly shewed that any delay might be very dangerous), to give an opiate, and to wait, if possible, for its effects in removing the spasmodic stricture. A proper dose of laudanum was therefore given.

Within two hours, however, the pulse having sunk so much, that it could no longer be felt, an attempt to deliver became indispensable, though it was found that the uterine spasm was not removed.

For this purpose, the right hand was cautiously introduced within the parts, but notwithstanding every exertion of force warranted by prudence was employed, it could not be passed beyond the shoulder of the infant.

An attempt was then made to open the thorax with the perforator, that by removing its contents the child might be brought down double; the state of the umbilical cord having proved decidedly that its life had been for some time extinguished. But it was impossible to make a sufficiently large opening.

These attempts were frustrated by the position of the foetus. For it was so placed, that the right arm lay in the direction of the right sacro-iliac synchondrosis, the occiput occupied the right fossa iliaca, and the right cheek bone was jammed within the brim of the pelvis, exactly at the junction of the right ilium with the pubis, and in this situation it had, by the  
reiterated

reiterated contractions of the uterus, and probably also by the swelling of the contiguous parts, become so strongly wedged that no force could either alter it, or produce room for the passage of the hand beyond those presenting parts.

On considering carefully every circumstance, it now appeared, that if the head were separated from the trunk, it might be forced somewhat aside, and the hand of the operator might be passed along the left side of the fœtus. The cervical vertebræ were therefore divided, and three of them separated and extracted; a ligature was then fixed on the presenting arm, and held firmly by the left hand; while the right hand was forced up into the uterus, and the head gradually yielding, the feet were at last reached, and with considerable difficulty brought down. When the body was extracted as far as the breast, the arms were disengaged, and then two fingers, of the left hand were introduced into the

O 2

mouth,



mouth, and by this means the head was made to follow the body, to which it remained attached by the teguments.

Uterine hæmorrhagy having immediately supervened to delivery, the placenta was extracted by art.

Extraordinary assistance was procured at 5 o'clock P. M. and the delivery was accomplished at half past nine o'clock the same evening.

The child was a male.

#### AFTER TREATMENT.

August 10th. half past nine o'clock P. M. uterine hæmorrhagy continues in an excessive degree, although the abdomen be properly compressed, and cloths dipt in cold water be applied to the pubes, lumbar region, and external parts. No distinct pulse can be felt. Complains of great coldness of the body, and of dimness of vision.

The bed cloaths were removed, and cold water was dashed upon the naked abdomen.

By

By this means the hæmorrhagy was checked; but violent rigors having supervened, the clamour of the patient and attendants rendered it necessary not only to remove the cold applications, but also to allow her some warm spirits and water; in consequence of which the flooding returned, and fainting seemed at hand.

Eleven o'clock P. M. hæmorrhagy is quite abated, but no pulsation can be felt in the arteries at the wrist. The countenance of the patient is very pallid. She is still sensible. Complains of giddiness in the head, impaired vision, and a great disposition to fainting. Drank a little wine and water.

Midnight. Seems very much oppressed. Sighs deeply, and moans frequently. Respiration is difficult and interrupted. Extremities are cold, and no pulsation whatever can be felt.

19th. One o'clock A. M. expired.

REMARKS.

## REMARKS.

Several years ago it was discovered by Dr Denman, that in presentations, such as that in the above case, the position of the child is sometimes altered, and its expulsion accomplished, by the natural contractions of the uterus. Although the Doctor, with his usual candour, has allowed, that this favourable event, under such alarming circumstances, is rather to be wished than expected; yet he has offered it as his opinion, that if all interference of art were avoided, "the woman would not, in this case, die undelivered."

The preceding history, however, affords a melancholy contradiction to this opinion. The midwife, who attended from the beginning, did nothing to interrupt the natural process, as far as could be learned. Her fatal error was having only looked on, and having neither given that assistance  
which



which was necessary, nor sent for others who could do so.

The spontaneous evolution, as Dr Denman has called it, can only take place where the child lies in a particular situation, viz. where the action of the uterus cannot be exerted on the presenting part, or where that part is so shaped that it cannot be wedged within the pelvis. A practitioner may, therefore, by a careful examination, be able to decide whether the evolution will happen or not. This observation is by no means a matter of speculation, being, on the contrary, of much practical utility; for, if there be signs which indicate the event alluded to, it follows, as a consequence, not only that the natural process is not to be counteracted, but also, that it is to be assisted. Two cases occurred during one year, where the author of these remarks had an opportunity of prognosticating and assisting the evolution,

lution, in presence of two gentlemen then attending the Professor of Midwifery, as annual pupils \*.

That the uterus should continue rigidly contracted on the body of the child, while the strength of the woman was so much exhausted that no pulse could be felt, and that she appeared sinking very fast, is a singular and an instructive fact. It will, it is to be hoped, teach practitioners the fallacy of the assertion, *that the longer the operation of turning is delayed, the more easily it will be accomplished.*

It may seem astonishing, that the body of the child could not be drawn down with the crotchet, since it was in a state of great putridity : But when it is considered, that the long continued action of the uterus had wedged it very strongly within the pelvis, while

\* Mr W. Cathcart, at present surgeon in the army, and Dr Woodford, now physician at Bristol.

while, at the same time, the pressure on the soft parts lining that cavity had swelled them much, the circumstance will be readily understood.

Many practitioners, in cases similar to the above, must feel greatly embarrassed; for while, on the one hand, humanity forbids, that a fellow-creature should be allowed to die, without any attempts being made to save her; and the death of a woman undelivered always strikes an alarming panic; so, on the other hand, it may be dreaded, that the attempts to deliver might add to the natural dangers, or that the death of the patient may be imputed by the attendants to the interference of the practitioner.

But, as under the circumstances alluded to, immediate delivery can alone give the woman any chance of recovery, it is the indispensable duty of the practitioner to make the proper efforts for that purpose.

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Every



Every other consideration should yield to the sense of duty.

This unfortunate case shews the fatal effects of delay. Had proper assistance been afforded twenty-four hours sooner than it was sought for, the mother of twelve children would have been preserved to her family.

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## COMPLEX LABOURS.

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### *PLURALITY OF CHILDREN.*

#### CASE I.

**M**RS ATKIN, out-patient, aged twenty-five years, healthy and well-formed, became in labour on the 3d July, 1794, at ten o'clock A. M. The presentation of the child was natural, and the progress of the

the

the labour so rapid, that the membranes spontaneously burst at mid-day, and the child was immediately after expelled.

It was discovered that a second child remained *in utero*; and therefore, after the patient had recovered from her previous fatigue, viz. about a quarter past one o'clock P. M. the membranes were ruptured, and the feet of the child (which were presenting) taken hold of. The extraction was accomplished within a few minutes.

Notwithstanding every means that could be employed, the uterus remained in a state of atony for above three hours; hæmorrhagy having supervened, the placentæ were extracted by art. They adhered together. Both children were female. They were of a large size, well-formed, and very lively.

#### AFTER TREATMENT.

July 3d. Had delirium after delivery, which ceased in consequence of free exposure to cold air. The hæmorrhagy abated

P 2

after

after the extraction of the placentæ. With the view of preventing deliquium, and of checking the hæmorrhagy, a moderate degree of pressure was made on the abdomen, as soon after the birth of the second child as the flooding occurred.

Had an opiate before she was laid quiet.

*Vespere.* Has had no sleep. Complains much of pain in the head. No after-pains. Pulse a hundred and twenty, and hard. Skin hot. Eyes have a particular wild appearance. Face flushed. Has made water freely since delivery. Little or no discharge from the uterus.

Strictest antiphlogistic regimen.

Children well. Both have had the natural discharges.

4th. Has had some hours sleep. Head-ach has ceased. Pulse a hundred and sixteen, and still somewhat hard. Tongue clean. No thirst. Skin rather cool. Appearance of the countenance somewhat better.



better. Lochial discharge in moderate quantity.

R. Sal. nitri gr. x.

Solv. in aq. font.  $\bar{z}$ i. et cap. statim. ut solv.

Rep. idem omni hora. nisi dorm.

Children well.

5th. Feels much better to-day. Pulse a hundred. State of the skin and tongue natural. Secretion of milk abundant. Had a stool this morning. Lochia regular.

Cont. remed.

6th. Nearly in the same state as yesterday.

Children continue quite well.

7th. Convalescent. Had her bed and body linens shifted last night.

Omit. sal. nitr.

17th. Mother and both children were in perfect health.

#### REMARKS.

The deliquium after delivery, probably proceeded

proceeded from a proper degree of compression not having been made on the abdomen immediately after the birth of the first child. As extraordinary assistance was not sent for till the second child was half born, this was neglected.

There is reason to believe, that the atony of the uterus originated from the same cause.

The hæmorrhagy, though alarming at the time, perhaps proved of very essential benefit to the patient; for the state of her pulse, and the appearance of her eyes for two or three days after delivery, afforded great reason to apprehend a determination of blood to the head; but it was apparently checked or moderated by the uterine discharge.

In the treatment of cases where the inflammatory diathesis prevails strongly, frequent dozes of nitre fresh dissolved, are the  
best

best means for moderating the action of the vascular system; provided its exhibition be preceded by blood-letting. The spontaneous hæmorrhagy in this case, superseded the necessity of that operation.

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## C A S E II.

BETTY FRAZER, out-patient, aged twenty-two years, became in labour on the 22d of October, 1794, at eleven o'clock P. M.

The presentation of the child was natural, and progress of the labour so rapid, that, within two hours from the commencement of pains, the membranes spontaneously gave way, and the infant was born a few minutes after.

It was immediately discovered, that a second child remained *in utero*. A proper degree of compression was therefore made on the abdomen, and the patient was allowed



lowed to recruit from the fatigue she had suffered.

Uterine pains recurred at half past three o'clock P. M. and, on examination, an angulated body was felt through the membranes. These being instantly ruptured, it was found, that the knees of the infant presented. The feet were instantly taken hold of, and the belly having been turned towards the right sacro-iliac synchondrosis, the delivery was accomplished within a few minutes.

Both placentæ formed one mass, which was expelled by the natural efforts, within a quarter of an hour after the birth of the second child.

The children were both of the male sex, and were healthy and well-formed.

#### AFTER TREATMENT.

Oct. 22d. Had an opiate before she was laid quiet.

*Vespere.* Has not slept. Pulse a hundred  
and

and eight. Tongue clean. Skin rather hot. Has made water freely. Lochial discharge moderate.

Children well. Have had the natural discharges.

23d. Has slept well. Pulse ninety. Tongue clean. No thirst. Skin cool. Has had no motion of the bowels. Lochial discharge moderate.

Low diet.

Cap. Tinct. opii gtt. xxx. h. s.

Both children well.

24th. Has been restless during the night. Complains of violent pain in the head and eyebrows, and of fixed pain in the abdomen. The breasts also are uneasy. Is troubled with constant nausea. Pulse eighty-four. Tongue foul. Skin hot and dry. Has had no stool. Lochial discharge regular.

Cap. stat. Pulv. ipecac. gr. xx.

*Vespere.* Feels much relieved since the operation of the emetic. State of the pulse

Q

and

and skin natural. Has not yet had a stool. Milk begins to flow freely from the breasts.

Hab. Enem. domest. stat.

Children in good health. Suck well.

25th. Is better in every respect.

26th. Sat up for two hours last night, and suffered no fatigue in consequence.

Children well.

Nov. 3d. Mother and children were in perfect health.

#### REMARKS.

By the prudent management of the gentleman who had charge of this case \* in applying a proper degree of compression to the abdomen, immediately after the birth of the first child, deliquium and hæmorrhagy were effectually guarded against.

In knee presentations two modes of practice may be adopted; for either the knees may be allowed to come forward, or the  
feet

\* Mr Partridge.



feet may be brought down. The former mode is only justifiable, when the knees are considerably advanced within the pelvis; for then any attempt to bring down the feet must be exceedingly hazardous. But the latter should be invariably pursued, if the knees be only at the brim; as there is always great risk of the legs being fractured when the knees are forced through the pelvis.

The placenta in this case had not only their substance very completely blended together, but also had frequent and very distinct anastomoses of their vessels. One artery and vein in particular, each of the size of a pinion quill, were extended from the root of one umbilical cord to that of the other.

This circumstance, although not common, is by no means very rare. There are now two examples of it in the collection of the Professor of Midwifery in the Univer-

fity of this place. It shews the necessity of making always two ligatures on the cord. before the child be separated from the mother, and of cutting between them. Had that rule not been attended to in this case, the second infant must have perished from loss of blood before birth.

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### C A S E III.

MRS. TWEEDALE, out-patient, aged twenty-seven years, healthy and well-formed, was on the 28th of July 1794 affected with pains, which she imagined to be labour pains, as she thought herself at the full period of utero-gestation. As however, the pains produced no effect on the uterine system; and as she had several uncommon symptoms, the midwife in attendance, (a very sensible and well-informed woman) judged it necessary, on the 29th, to call in additional aid. She had  
that

that night an opiate, which procured her some hours sleep.

On the afternoon of the 30th, she complained of violent pain in the left side of the belly, proceeding from the extraordinary motion of the child. This pain became so excruciating that it repeatedly induced deliquium, and threatened convulsions. On examination, the abdomen was found to be distended to an enormous size, and when she lay on her left side the head of a child was felt so distinctly a little to a-side, and above the umbilicus, that the sutures could be clearly traced. When examined per vaginam, the os tincæ seemed close and moveable, and the whole uterine system appeared to be so light, as to be readily moved backwards and forwards by the finger. She said, that about two months previous to this time she fell from a cart, since which she had had constant pain in the belly; and had frequently felt such violent and painful motion of the  
child,



child, as had threatened to bring on faintings.

From the account which she gave, from the appearance of the abdomen, and from the apparent state of the uterine system, it was rendered highly probable, that the fœtus was extra-uterine. As the symptoms seemed urgent, it was judged prudent to endeavour to obtain her consent to any operation which might be thought necessary, provided the nature of the case should be ascertained by a second and more accurate examination to be what was suspected. But as she refused to give such consent, an opiate was prescribed, and the second examination was postponed.

31st. She had had some sleep during the night. Her skin was hot, and her pulse a hundred and twenty. She was again examined; and as a finger could be now passed for a little way into the uterus; as upon her pressing down, a weight could be felt in the uterine region; and as two bulky

bulky bodies, each like the head of a child, could be distinguished within the abdomen at different parts, it was pretty certainly ascertained, that there was no extra-uterine conception, but that from the extraordinary distension of the uterus, (probably in consequence of a plurality of children), the parietes of that organ had become so thin, that the child could be felt as distinctly as if it were immediately under the integuments.

She continued in an uncomfortable state, till the 5th of August, when labour really commenced.

At half past eight o'clock P. M. of that day, the os tincæ was fully dilated, and the arm of a child was (through the membranes) felt presenting. The membranes being immediately ruptured, the feet of the child were taken hold of, and the belly, breast, and face having been brought in succession, along the left sacro-iliac synchondrosis, the delivery was accomplished

*sec.*

*sec. art.* in a few minutes. As another child was felt *in utero*, the patient was allowed to rest a little, and then the hand was cautiously passed up, the membranes ruptured, the feet taken hold of, (the breech having presented), and the child brought down in the same manner, and with the same facility as the former.

Although moderate pressure was made on the abdomen before the extraction of the second child, uterine hæmorrhagy immediately supervened to delivery. The placentæ were therefore instantly extracted by art. They were not only quite distinct from each other, but were also attached to different parts of the uterus, the one being fixed to the cervix and the other to the fundus.

#### AFTER TREATMENT.

August 5th. The hæmorrhagy not having yielded to the common means employed, was at length checked by cold water  
poured



poured from a height upon the abdomen. When laid quiet, her pulse, which before had been undulating, was pretty firm and distinct.

6th. Had some hours sleep, and makes no complaint whatever. Skin hot. Pulse a hundred and twenty. Tongue clean. No thirst. Has made water freely since delivery. Has a peculiar appearance in the countenance and wildness in the eyes. Lochia regular.

Low diet.

Both children have had the natural discharges, and are in perfect health.

7th. Has slept well during the night. Pulse a hundred and twelve. Skin cool. Tongue clean. No thirst. Appearance of the countenance and of the eyes somewhat better. Had a natural stool last night. Has a plentiful secretion of milk. Lochia moderate.

Children well; suck freely.

8th. In every respect as yesterday.

R

9th.

9th. Continues free from complaint; but her pulse is still above a hundred. She has some degree of thirst, and the unusual appearance of her countenance remains.

Bib. Decoct. hord. ad libit.

R. Sal nitri. gtt. x.

Solv. in aq. font. ℥ij. capt. flat.  
ut solv. et repet. idem omni  
hora nisi dorm.

10th. No alteration since yesterday.

Cont. rem.

Both children well.

11th. Has passed a restless night. Complains of pain in the head. Skin hot. Pulse a hundred and twenty and sharp. Tongue clean. Thirst continues.

Cont. sal. nitr.

*Vespere.* Became in the afternoon suddenly delirious, and is now so outrageous, that she cannot be held in bed by three stout men. Has great tremors in the extremities, so that the pulse cannot be reckoned. Eyes are inflamed and countenance

nance appears very wild. Had a stool in the morning. Lochia ceased. Secretion of milk stopt.

App. ad caput emplast. episp. magn.

12th. Became calm during the night, and still continues so. Pulse ninety-six and soft. Tongue clean. Belly open. Complaints only of weakness.

Cont. fal. nitr.

*Vespere.* Has relapsed into a state of delirium; but has neither subsultus tendinum, nor that degree of wildness in her look, which was remarked yesterday. Cannot be made to swallow any thing, without force being employed. No Lochial discharge.

13th. In every respect as last night.

14th. Continues in the same state.

15th. Was this day removed into the Royal Infirmary.

19th. Was dismissed from the Infirmary as incurable.



20th. Although still delirious is much exhausted.

21st. Died early this morning.

Both children well.

#### REMARKS.

From the history and symptoms of this case it appeared at first an instance, if not of extra-uterine conception, at least of the foetus having escaped into the cavity of the abdomen. Four circumstances rendered this probable; first, the account the patient gave of her complaints; secondly, the accuracy with which the futures of the child's head could be traced through the abdominal parietes; thirdly, the violent pain that was induced by the motion of the infant; and lastly, the apparent lightness of the uterus.

But when the nature of the case was more accurately investigated, it was found that the patient had given an imperfect and erroneous history; that from great bodily

dily fatigue, and much distress of mind, the nervous system had become remarkably susceptible of impression; that from the prodigious distension of the uterus its parietes in some places were probably as thin as a sheet of paper; and that the manner in which the woman lay had prevented the real weight of the uterus from being felt.

Where the safety of the patient depends on the nature of her situation being clearly understood, the practitioner must necessarily depart from the ordinary rules respecting examination, and must adopt a mode of ascertaining the state of the uterus, which can only be justified by the necessity of the case.

As this was the patient's second pregnancy, although both children were of a large size, the delivery was attended with little difficulty. Notwithstanding every precaution, the hæmorrhagy that succeeded was  
excessive

excessive and alarming; which was probably to be imputed to the previous state of her health, as well as to the extraordinary distension of the uterus, and the prodigious size of its vessels. The very opposite parts at which the two placentæ were attached is an uncommon occurrence.

The state of the patient, for the first four days after delivery, seemed to promise a favourable recovery. She made no complaint whatever, and she had a plentiful secretion of milk, so that she gave suck to both children. The quickness of her pulse, and the appearance of her countenance, indeed, afforded to the author of these remarks sufficient grounds for alarm. Yet Mrs Aitkin, in whom the same symptoms took place, recovered rapidly.

Had she been placed in a different situation, it is more than probable that Mrs Tweedale would have been saved to her family



mily. But unfortunately she dwelt in a hovel, consisting of a single apartment on the ground floor of a house placed in an unhealthy part of the town, and in a street much exposed to noise. At the same time, she had constant crowds of visitors, by which the air of her house was rendered exceedingly impure, and she was overheated and disturbed. Every argument had been in vain employed to prevail on her to go into the Lying-in Hospital.

On the day preceding the attack of phrenitis, she was observed to speak in a hurried manner: Yet she denied that she felt any pain; but for some hours previous to the occurrence of delirium, she complained of headach.

The great hæmorrhagy which had supervened to delivery, rendered blood letting inadmissible; and therefore blistering was had recourse to. This appeared to  
produce

produce good effects; for the violence of all the symptoms was moderated on the succeeding morning. But as, notwithstanding the unremitting attention of the annual Pupil under whose charge she was placed\*, she continued still exposed to the same exciting causes which originally induced the disease, viz. crowds of visitors, &c. she soon relapsed, and the phrenitis was succeeded by mania.

Every other case of phrenitis in the puerperal state, that has fallen under the observation of the author of these remarks, terminated rapidly in death; consequently, he has long considered it to be the most dangerous disease that can occur after delivery. But although he has not had the satisfaction of succeeding in his endeavours to arrest the progress of phrenitis, when it has actually taken place, he flatters himself that

\* Mr Partridge.

that he has been able, in many instances to prevent its occurrence, by attending carefully to the treatment of the symptoms that precede the attack. These are, quickness of the pulse, wildness in the appearance of the eyes, watching, great susceptibility of the impression of sound and light, and violent pain in the head.

The strictest antiphlogistic regimen, blood-letting, provided no excessive hæmorrhagy have happened during or after delivery, frequent doses of nitre fresh dissolved, and blistering, if the pain in the head occur notwithstanding these means, constitute the mode of treatment.



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## RUPTURE OF THE UTERUS.

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### C A S E.

**M**RS M'KAY, out-patient, aged thirty-three years, nearly at the full period of utero-gestation, having, on the 19th November, 1794, been occupied in considerable bodily exertion, felt the membranes suddenly give way ; in consequence of which the liquor amnii was discharged. As she did not shift her cloaths for several hours, but continued in a cold, wet, uncomfortable situation during all that time, she had next morning symptoms of catarrh. Labour pains did not take place till the evening of the 21st, when she sent for her midwife. At midnight the incipient dilatation of the os tincæ was ascertained.

During

During the night the pains were strong and frequent, and the head of the child appeared to descend; but the parietes of the os tincæ were very rigid.

Between eleven and twelve o'clock noon of the 22d, the child's head seemed pretty low in the pelvis; but about that time the patient suddenly cried out, during a pain, that something had burst within her, and asked the midwife, if she did not hear the noise of a rent? Immediately after this a little blood was discharged from the parts, violent vomiting and breathlessness took place, and she complained constantly of excessive pain in the abdomen. From this moment too the labour throes ceased.

In this situation the patient continued till about seven o'clock P. M. when extraordinary assistance was procured. It was then found, that besides the symptoms above-mentioned, the pulse was quite indistinct, and the limbs of the infant could be

distinguished under the parietes of the abdomen. The head was a little within the brim of the pelvis, which cavity seemed very roomy, and the soft parts were quite relaxed.

From these symptoms, and from the previous history, it appeared very evident that the uterus had become ruptured, and that part of the child had escaped into the abdomen. The midwife, too, allowed, that the head had formerly been lower in the pelvis than it now was.

As immediate delivery became indispensable, and as there was no certain sign of the infant's death, the long forceps were cautiously applied; but on bringing the blades together, the head slipped out from between them, and receded entirely into the cavity of the abdomen. Those instruments were therefore withdrawn, and the hand of the operator was immediately introduced, with a view to bring down if possible the feet of the child. In this attempt some  
difficulty



difficulty was felt, from the rent in the uterus having become much contracted. The hand, however, was passed through it, and the child was felt surrounded by intestines. One foot was taken hold of, and brought down, and the belly having been turned toward the right sacro-iliac synchondrosis, the delivery was accomplished within a few minutes; the placenta was brought off along with the child. The hand was again introduced in order to prevent any portion of the intestinal canal from passing through the laceration. The situation of the rent was so immediately above the pubes, that it appeared wonderful how it had not communicated to the bladder. It extended in a transverse direction.

During the extraction of the child, a considerable quantity of blood was discharged, and the hæmorrhagy continued for some time after delivery; so that above three pounds of blood were probably lost. Immediately after delivery the patient had

a violent fit of retching and vomiting, her pulse sunk entirely, and her extremities became cold. A little warm spirits and water were given her, after which she gradually recruited, so that within an hour from the time of delivery, namely at nine o'clock P. M. her pulse was pretty firm, and did not exceed a hundred and twenty strokes in the minute. She had forty drops of laudanum, and was left for the night.

#### AFTER TREATMENT.

Nov. 23d. Has had no retching nor vomiting since ten o'clock last night. Slept for some hours. Has made water twice naturally since delivery; but has had no stool. Pulse a hundred and twenty, and feeble. Tongue clean. Skin moist. Abdomen so very painful to the touch, that she can scarcely suffer the application of the hand. Lochial discharge quite natural, both with respect to quantity and appearance.

Cap.

Cap. jus a carn. bovin. (vernacule  
*beef tea* vocat.) lb. ij in die.

*Vespere.* Has sweated much since the morning. Complains greatly of pain in the abdomen. Pulse a hundred and twenty, and stronger and fuller than in the morning. Tongue clean. Has a circumscribed redness in the cheeks. Is distressed with frequent tickling cough, which aggravates the pain in the belly. Passes urine naturally without any difficulty. Lochia perfectly regular.

24th. Has had little sleep. Cough still troublesome. Pulse a hundred and twenty, and weaker than yesterday. Tongue clean. Florid spot on each cheek. Complains of the sensation of a fluid rolling from side to side within the abdomen, when she attempts to turn herself. Cannot yet bear the slightest pressure on the belly.

Cont. jus e carn. bovin.

Capt. vini rubr.  $\frac{3}{4}$ vij. in diem.

*Vespere.*



*Vespere.* During the afternoon had a return of vomiting, the matter thrown up, was of a dark green colour, and of a very viscid consistence. The urine she passes is turbid, and has a bloody appearance. Pulse a hundred and thirty, and very weak. Tongue clean. Skin moist. Has had no stool. Lochial discharge continues regular.

Inj. En. ex mucil. amyl. cum tinct.  
opii gtt. lxxx.

25th. Slept pretty well during the night. Still complains of pain in the abdomen, and of the sensation of fluid within it. Pulse a hundred, and full. Tongue dry, and somewhat furred; has no thirst. Can scarcely be prevailed upon to take the beef tea, or food of any kind. Had a stool naturally yesterday. Lochial discharge regular.

*Vespere.* Vomited twice during the course of the forenoon; the matter thrown up, had not the eruginous appearance observed

served in that of yesterday, but seemed to consist chiefly of phlegm. During the afternoon had several loose stools without pain, and of a natural appearance. Pulse a hundred and ten. Tongue only slightly furred. Face flushed, and skin hot and dry, except in some parts of the body, where a moisture is felt.

Cap. Pulv. antim. gr. viii. statim. et  
post horam ejusmodi gr. iv.

Cap. etiam Tinct. opii gtt. xl.

26th. Has had no sleep during the night; but has sweated profusely. Pulse a hundred, and weak. Tongue a little furred. Has had two loose stools since yesterday, feels great difficulty in making water, and complains much of pain in the lumbar region and over the abdomen. Lochial discharge still regular.

*Vespere.* Pulse a hundred and eight, and feeble. Has been able to pass no water for several hours. In other respects as in the morning.

T

Fov.

Fov. abdom. per semi-horam.

Cap. tinct. opii gtt. xl. h. s.

27th. Passed a restless night, and feels general uneasiness. Pulse a hundred, and weak. Tongue white, skin moist. Made some water with great difficulty last night, on account of which the fomentations were not applied; but has past none since that time. Has had no stool. Still complains of pain in the loins and abdomen. Lochial discharge regular.

Fov. stat. abdom.

*Vespere.* Has had suppression of urine for sixteen or eighteen hours, and feels much uneasiness in consequence. Pulse a hundred and sixteen. In other respects as in the morning.

Inj. stat. Enem. dom.

Cap. h. s. tinct. opii gtt. xl.

28th. The Enema operated well, having produced a discharge both of fæces and of urine. Has had no sleep, and feels excessively fatigued. Pain in the abdomen  
and



and lumbar region still continues. Pulse a hundred, and not strong. Tongue clean. Skin moist. Passes urine pretty easily. Lochia regular.

*Vespere.* Has taken a little bread-berry with wine; but has had no sleep. Pulse a hundred and four. No other change since the morning.

Rep. Tinct. opii gtt. xl. h. s. et ejusmodi gtt. xx. post horas tres si opus erit.

29th. Complains that she has not had a single hour's rest. Pains in the belly and loins as distressing as ever. Pulse a hundred and twenty, and feeble. Tongue clean. Skin moist. Has had no stool. Cannot be prevailed on to take nourishment of any kind, dislikes the wine, and will taste nothing but very weak small beer.

Inj. stat. En. domest.

R. Tinct. opii ℥ii.

Spt. Ammon. arom. ℥iii.

Syr. com. ℥i.

T 2

Aq.

Aq. rofar.  $\bar{z}$ vii. M.

Cap. coch. mens. No ii. hora  
somni, et No i.  $\bar{z}$ tia. q. q.  
hora, nisi dorm.

30th. Has been exceedingly uneasy and restless during the night. Had no sleep. The enema was not administered, hence has not yet had any stool. Pain in the abdomen and loins still very distressing. Pulse a hundred, and pretty firm. Tongue clean. No thirst. Lochial discharge moderate and quite regular.

Hab. stat. En. domest.

*Vespere.* Enema operated well. Feels herself wonderfully better. Pulse ninety-six, and strong. Pains in the loins and belly are considerably alleviated. Abdomen still very painful to the touch.

Cont. mixt. anod.

Dec. 1st. Had her bed and body linens shifted last night, and did not appear much fatigued in consequence. Had some hours sleep. Thinks herself greatly better. Pulse  
ninety

ninety and firm. Tongue pretty clean. Skin moist. Had a natural stool this morning. Makes water without the smallest difficulty. Lochial discharge natural.

Cont. remedia.

Diet left to her own choice.

2d. Convalescent. Eat some beef stakes yesterday. Is still very weak and cannot yet bear any pressure on the abdomen.

3d. Continues convalescent. Sat up for an hour yesterday, without much fatigue.

8th Left in a state of progressive convalescence.

#### REMARKS.

Rupture of the uterus has been with great reason regarded as the most dangerous accident which can happen during labour. The numerous histories of the case on record exhibit only a very few instances where the life of the patient was saved\*.

Laceration

\* See observations on the rupture of the gravid uterus,

Laceration of the uterus may take place, and in fact has happened, in every different part of the organ, and in every variety of direction; but its most common seat is in the cervix towards the promontory of the sacrum, and its most ordinary direction is transverse\*.

The causes of this accident are, external injuries; the long continued violent action of the uterus after the discharge of the liquor amnii, while the os tincæ is undilated; and the ill-directed efforts of a practitioner to alter the position of the child.

The preceding case is an example of the effects of the second cause. The title of  
spontaneous

rus, by Andrew Douglass, M. D. London 1709, in which the history of a successful case is detailed, and a view of all the favourable cases mentioned by authors is exhibited.

\* Dr Denuan has published a most beautiful plate representing this case.



spontaneous rupture of the uterus has been applied to such cases; but in the opinion of the author of these remarks, this demonstration is improper, since it tends to inculcate an erroneous idea of the nature of the case.

When the liquor amnii has been discharged before the dilatation of the os tin-  
cæ, if strong labour throes occur, some part of the uterus must give way; hence if the os uteri be not forced open, a laceration must happen in the part that is weakest or most pressed upon. But as certain symptoms announce the approach of this event, and as it is in the power of the practitioner to avert the impending danger, what has been called spontaneous rupture is to be imputed to the fault of the practitioner, as much as that produced by his ill directed attempts to turn the child.

Dr Douglass first hinted at the signs which indicate threatening rupture from  
this

this (second) cause \*. He has not however stated them with the precision that is necessary to direct practice. The following circumstances point it out clearly. First, the liquor amnii is prematurely discharged: Secondly, the os uteri remains remarkably rigid: Thirdly, the uterine contractions are very violent and frequent; and, lastly, the patient complains of a most excruciating pain in some part of the uterus, during every labour throe. This pain differs from that often felt in the lumbar region in the second stage of labour, in being peculiarly agonizing.

Where these symptoms occur, the views of the practitioner ought to be directed towards two objects; First, to suspend the action of the uterus, and secondly, to promote the dilatation of the os tincæ †. The  
same

\* Loco citato. Page 96.

† Dr Douglass, whose observations are in other respects valuable, has advised immediate delivery in cases where rupture is dreaded.

same means accomplish both purposes, viz. Blood letting and opiates. The quantity of blood drawn ought to be as great as the patient can with safety bear, and after the operation a large dose of tinct. opii. should be given.

Perhaps this practice ought to be extended to every case where the liquor amnii has been evacuated before the dilatation of the mouth of the womb, if the pains be frequent ; for the uterus may be lacerated during a single pain.

The symptoms that appear after the rupture has happened, mark very unequivocally the nature of the case. The patient is sensible of something having given way within her during a pain; the labour throes from that moment cease; vomiting and breathlessness supervene; at the same time there is a small discharge of blood from the vagina. The former presenting part of the child generally recedes, but sometimes,

U

from

from it being very firmly impacted into the pelvis, this does not happen. In every case, however, the limbs of the infant can be plainly distinguished through the abdominal parietes. From this period great pain is felt in the belly ; the breathlessness continues to encrease ; the pulse becomes very quick and irregular ; coldness of the extremities, followed by deliquium or convulsions, ensues ; and the patient, if no assistance be afforded, soon after sinks. Instances where women have survived this accident, and have recovered, though the child was allowed to remain in the cavity of the belly, have been recorded by authors ; but their authenticity can only be believed by the credulous.

In cases of ruptured uterus, two plans may be pursued by the practitioner : First, the patient may be left to her fate ; or, secondly, immediate delivery may be attempted.

The



The former of these has unfortunately been too often adopted. It has been recommended by the most plausible arguments, viz. that the woman may live many years with the child in the abdominal cavity; while any attempts to deliver, may induce much injury, by encreasing the extent of the laceration, &c.

To one, who considers for a moment the consequences of the child escaping from the uterus into the abdominal cavity, it must appear singular that such opinions should have prevailed.

This doctrine has been controverted by Dr Douglass with great ability, on principles both of theory and practice.

The case of Mackay affords, perhaps, a more satisfactory proof of the advantages of delivery under such circumstances, than any yet published. The whole body of the infant had been for seven hours in the cavity of the abdomen, and the patient seemed sinking very rapidly; immediate deli-

very therefore was obviously the only resource.

The long forceps were employed as the means most conducive to the safety of both mother and child; for it appeared, that if any attempt were made to turn, the laceration of the uterus, might be encreased, while an additional irritation would be applied to the intestines; and that if the crotchet were employed, there would be a risk of destroying life, since there were no unequivocal signs of the infant being dead. As the passages were very roomy, and the soft parts quite relaxed, it was rendered probable, that the use of the long forceps would be successful.

But in this expectation the author of these remarks was much disappointed; for on the handles of the instrument being brought together, the head slipped out from between the blades. This must have happened from the concurrence of two causes; first, the instrument's not having  
been

been placed immediately over the parietal protuberances ; and, secondly, the action of the uterus having been excited by the irritation of the forceps.

The child having thus escaped completely into the belly, bringing down the feet now became indispensable. In making this attempt, the assistant \* felt it very difficult to pass his hand through the laceration, so closely had the lips united. During the process of extraction, the increase of the rent was clearly ascertained by the author of these remarks. The placenta followed the body of the child, so that it too had been forced into the belly.

The event of this case, as well as of that detailed by Dr A. Hamilton †, shews, that even although the original rent be increased in the attempt to deliver, the patient  
may

\* Mr Smith.

† Outlines of Midwifery, 3d. ed. page 348.

may recover. Foreign practitioners have advised on such occasions, with a view to avoid this circumstance, an opening to be made through the parietes of the abdomen, instead of extracting the child by the natural passages; but that practice would greatly add to the dangers necessarily attending the case.

In the after-treatment, the first object should be to prevent any portion of the intestinal canal being included between the lips of the wound; and after that is accomplished, every attention ought to be paid to obviate inflammation, or at least to moderate the violence of inflammatory symptoms.

It is remarkable, that in the case of Mackay there was no apparent suppuration, as the lochial discharge continued in every respect regular. That inflammation of the uterus to a certain extent had taken place,

was



was evident from the suppression of urine on the fifth day after delivery.

The fluid which was effused into the abdomen had been absorbed.

The patient's stomach was so exceedingly irritable, that the Peruvian bark could not be given.

Upon the whole, this case clearly demonstrates the dangers which result from the premature discharge of the liquor amnii, and the necessity of suspending the action of the uterus, under such circumstances, until the os tincæ be fully dilated; principles that cannot be too strongly impressed on the mind of every practitioner of midwifery. It shews too, that even in cases the most hopeless, the state of the patient ought never to be regarded as desperate.

THE END.











